DOCUMENT RESUME

ED 425 234 UD 032 646

TITLE	Working Together: From School-Based Collaborative Teams to School-Community-Higher Education Connections. An Introductory Packet.
INSTITUTION	California Univ., Los Angeles. Center for Mental Health Schools.
SPONS AGENCY	Health Resources and Services Administration (DHHS/PHS), Washington, DC. Maternal and Child Health Bureau.
PUB DATE	1998-00-00
NOTE	86p.
PUB TYPE	Collected Works - General (020) -- Guides - Non-Classroom (055)
EDRS PRICE	MF01/PC04 Plus Postage.
DESCRIPTORS	Cooperation; Educational Change; Educational Improvement; Elementary Secondary Education; Higher Education; Mental Health; *Partnerships in Education; Professional Development; *Resource Materials; *School Community Relationship; Teamwork

ABSTRACT

This packet is designed to help in the development of collaborative efforts for educational improvement. "Working Together with Others To Enhance Programs and Resources" (from the Center for Mental Health in Schools) is the first selection. This discussion emphasizes that effectiveness is the real point of collaboration, and it explores the importance of teamwork in resource and program management. "Overcoming Barriers to Working Together," the Center's second essay in the collection, discusses cultural and personal differences as barriers to collaboration and suggests ways to establish good working relationships. "School-Community Collaboration," excerpted from a 1997 article by Kathleen Cotton, explores ways to promote a real sense of community. "A School-Based Health Center: Working Together with School and Community" (from "Guidebook for a Mental Health Focus in School-Based Health Centers," Los Angeles, CA: School Mental Health Project, University of California at Los Angeles (UCLA)) discusses the integration, outreach, and networking involved in this type of collaboration. "A Quick Overview of Some Basic Resources" contains: (1) selected references; (2) examples of model school-based collaborations, model school-community-higher education connections, and interprofessional education programs; (3) a list of agencies, organizations, advocacy groups, and Internet resources; and (4) a list of names from the Center's consultant cadre. A sample digest from the Educational Resources Information Center (ERIC), "Building Relationships between Schools and Social Services," shows the types of information available from ERIC. Two articles from the School Mental Health Project at UCLA are also included: "Upgrading School Support Programs through Collaboration: Resource Coordinating Teams" by Linda Rosenblum, Mary Beth DiCecco, Linda Taylor, and Howard S. Adelman, and "School-Linked Services and Beyond". (SLD)

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ED 425 234

Mental ... Schools
Center
Training and Technical Assistance

From the Center's Clearinghouse ...*

An Introductory Packet on

Working Together: From School-Based Collaborative Teams to School-Community-Higher Education Connections

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*The Center is co-directed by Howard Adelman and Linda Taylor and operates under the auspices of the School Mental Health Project, Dept. of Psychology, UCLA, Los Angeles, CA 90095-1563 -- Phone: (310) 825-3634.

Support comes in part from the Department of Health and Human Services, Public Health Service, Health Resources and Services Administration, Maternal and Child Health Bureau, Office of Adolescent Health.

U.S. Department of Health & Human Services
Public Health Service
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Health Resources & Services Administration
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Mental Health in Schools
Center
Training and Technical Assistance

UCLA CENTER FOR MENTAL HEALTH IN SCHOOLS*

Under the auspices of the School Mental Health Project in the Department of Psychology at UCLA, our center approaches mental health and psychosocial concerns from the broad perspective of addressing barriers to learning and promoting healthy development. Specific attention is given policies and strategies that can counter fragmentation and enhance collaboration between school and community programs.

MISSION: ***To improve outcomes for young people by enhancing policies, programs, and practices relevant to mental health in schools.***

Through collaboration, the center will

- enhance practitioner roles, functions and competence
- interface with systemic reform movements to strengthen mental health in schools
- assist localities in building and maintaining their own infrastructure for training, support, and continuing education that fosters integration of mental health in schools

Consultation Cadre ***Clearinghouse***

Newsletter ***National & Regional Meetings***

Electronic Networking

Guidebooks ***Policy Analyses***

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*In 1996, two national training and technical assistance centers focused on mental health in schools were established with partial support from the U.S. Department of Health and Human Services, Public Health Service, Health Resources and Services Administration, Maternal and Child Health Bureau, Office of Adolescent Health. As indicated, one center is located at UCLA; the other is at the University of Maryland at Baltimore and can be contacted toll free at 1-(888) 706-0980.

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Office of Adolescent Health

(1/98)

Mental Health in Schools
Center
Training and Technical Assistance

What is the Center's Clearinghouse?

The scope of the Center's Clearinghouse reflects the School Mental Health Project's mission -- to enhance the ability of schools and their surrounding communities to address mental health and psychosocial barriers to student learning and promote healthy development. Those of you working so hard to address these concerns need ready access to resource materials. The Center's Clearinghouse is your link to specialized resources, materials, and information. The staff supplements, compiles, and disseminates resources on topics fundamental to our mission. As we identify what is available across the country, we are building systems to connect you with a wide variety of resources. Whether your focus is on an individual, a family, a classroom, a school, or a school system, we intend to be of service to you. Our evolving catalogue is available on request; eventually it will be accessible electronically over the Internet.

What kinds of resources, materials, and information are available?

We can provide or direct you to a variety of resources, materials, and information that we have categorized under three areas of concern:

- Specific psychosocial problems
- Programs and processes
- System and policy concerns

Among the various ways we package resources are our *Introductory Packets, Resource Aid Packets, special reports, guidebooks*, and *continuing education units.* These encompass overview discussions of major topics, descriptions of model programs, references to publications, access information to other relevant centers, organizations, advocacy groups, and Internet links, and specific tools that can guide and assist with training activity and student/family interventions (such as outlines, checklists, instruments, and other resources that can be copied and used as information handouts and aids for practice).

Accessing the Clearinghouse

• E-mail us at	**smhp@ucla.edu**
• FAX us at	(310) 206-8716
• Phone	(310) 825-3634
• Write	School Mental Health Project/Center for Mental Health in Schools, Dept. of Psychology, Los Angeles, CA 90095-1563

Check out recent additions to the Clearinghouse on our Web site
http://smhp.psych.ucla.edu

All materials from the Center's Clearinghouse are available for a minimal fee to cover the cost of copying, handling, and postage. Eventually, we plan to have some of this material and other Clearinghouse documents available, at no-cost, on-line for those with Internet access.

If you know of something we should have in the clearinghouse, let us know.

HRSA

Working Together: From School-Based Collaborative Teams to School-Community-Higher Education Connections

> ***We are all ignorant on different subjects.***
> Will Rogers

This introductory packet contains

- A discussion of
  - *Working Together with Others to Enhance Programs and Resources*
  - *Overcoming Barriers to Working Together*
  - *School-Community Collaboration*
  - *A School-Based Health Center: Working Together With School and Community*

- A Quick Overview of Some Basic Resources.
  - Selected References
  - Examples of Model School-Based Collaboratives
  - Examples of Model School-Community-Higher Education Connections
  - Examples of Interprofessional Education Programs
  - A List of Agencies, Organizations, Advocacy Groups, and Internet Resources
  - Some Names from our Consultation Cadre

- A Sample ERIC Digest:
  "Building Relationships between Schools and Social Services"

- Two articles from the School Mental Health Project at UCLA entitled:
  - *Upgrading School Support Programs through Collaboration: Resource Coordinating Teams*
  - *School-Linked Services and Beyond*

Working Together with Others to Enhance Programs and Resources

Treat people as if they were
what they ought to be
and you help them become
what they are capable of being.
Goethe

For any school program to improve, there must be both individual and group efforts. Group efforts may focus on planning, implementation, evaluation, advocacy, and involvement in shared decision making related to policy and resource deployment. In working together to enhance existing programs, group members look for ways to improve communication, cooperation, coordination, and integration within and among programs. Through such collaborative efforts, they seek to (a) enhance program availability, access, and management of care, (b) reduce waste stemming from fragmentation and redundancy, (c) redeploy the resources saved, and (d) improve program results.

Formal opportunities for working together at schools often take the form of committees or councils and teams. To be effective, such collaborative efforts require thoughtful and skillful facilitation. Without careful planning and implementation, collaborative efforts rarely can live up to the initial hope. Even when they begin with great enthusiasm, poorly facilitated working sessions quickly degenerate into another ho-hum meeting, more talk but little action, another burden, and a waste of time. This is particularly likely to happen when the emphasis is mainly on the unfocused mandate to "collaborate," rather than on moving an important vision and mission forward through effective working relationships.

It's Not About Collaboration -- It's About Being Effective

Most of us know how hard it is to work effectively with a group. Many staff members at a school site have jobs that allow them to carry out their duties each day in relative isolation of other staff. And despite various frustrations they encounter in doing so, they can see little to be gained through joining up with others. In fact, they often can point to many committees and teams that drained their time and energy to little avail.

Despite all this, the fact remains that no organization can be truly effective if everyone works in isolation. And it is a simple truth that there is no way for schools to play their role in addressing barriers to student learning and enhancing healthy development if a critical mass of stakeholders do not work together towards a shared vision. There are policies to advocate for, decisions to make, problems to solve, and interventions to plan, implement, and evaluate.

Obviously, true collaboration involves more than meeting and talking. The point is to work together in ways that produce the type of actions that result in effective programs. For this to happen, steps must be taken to ensure that committees, councils, and teams are formed in ways that ensure they can be effective. This includes providing them with the training, time, support, and authority to carry out their role and functions (see Exhibits 1 and 2). It is when such matters are ignored that groups find themselves meeting and meeting, but going nowhere.

Exhibit 1

Some General Guidelines for Establishing School-Site Collaborative Teams Focused on Addressing Barriers to Learning

Two basic problems in forming collaborative teams at school-sites are (a) identifying and deploying committed and able personnel and (b) establishing an organizational structure that provides sufficient time and nurtures the competence and commitment of team members. The following are some suggestions that can help in dealing with these problems.

1. For staff, job descriptions and evaluations must reflect a policy that personnel are expected to work in a coordinated and increasingly integrated way with the aim of maximizing resource use and enhancing effectiveness.

2. To maximize resource coordination and enhancement at a school, every staff member must be encouraged to participate on some team designed to improve students' classroom functioning. The importance of such teams should be recognized through provision of time and resources that allow team members to build capacity and work effectively together.

3. Teams may consist of current resource staff, special project staff, teachers, site administrators, parents, older students, and others from the community. In this last regard, representatives of school-linked community services must be included. Individuals should be encouraged to choose a team whose work interests them.

4. Group should vary in size -- from two to as many as are needed and interested. Major criteria used in determining size should be factors associated with efficient and effective functioning. The larger the group, the harder it is to find a meeting time and the longer each meeting tends to run. Frequency of meetings depends on the group's functions, time availability, and ambitions. Properly designed and trained teams can accomplish a great deal through informal communication and short meetings.

5. The core of a team is staff who have or will acquire the ability to carry out identified functions and make the mechanism work; others can be auxiliary members. All should be committed to the team's mission. Building team commitment and competence should be one major focus of school management policies and programs.

6. Because several teams require the expertise of the same staff (nurse, psychologist, counselor, resource teacher, social worker), these individuals will necessarily be on more than one team.

7. Each team needs a dedicated leader/facilitator who has the ability to keep the group task-focused and productive and someone who records decisions and plans and reminds members of planned activity and products.

8. Team functioning is enhanced through use of computer technology (management systems, electronic bulletin boards and mail, resource clearinghouses). Such technology facilitates communication, networking, program planning and implementation, linking activity, and a variety of budgeting, scheduling, and other management concerns.

9. Effective teams should be able to produce savings in terms of time and resources through appropriately addressing their areas of focus. In addition, by tapping into public health-care funds, a district may be able to underwrite some of the costs of those team members who also provide specific services.

Exhibit 2

Planning and Facilitating Effective Meetings

There are many fine resources that provide guidelines for conducting effective meetings. Some key points are synthesized below.

Forming a Working Group

- There should be a clear statement about the group's mission.
- Be certain that the members agree to pursue the stated mission and, for the most part, share a vision.
- Pick someone who the group will respect and who either already has good facilitation skills or will commit to learning what those that are needed.
- Provide training for members so they understand their role in keeping a meeting on track and turning talk into effective action.
- Be certain to designate processes (a) for sending members information before a meeting regarding what is to be accomplished, specific agenda items, and individual assignments and (b) for maintaining and circulating a record of decisions and planned actions (what, who, when) formulated at the meeting.

Meeting Format

- Be certain there is a written agenda and that it clearly states the purpose of the meeting, specific topics, and desired outcomes for the session.
- Begin the meeting by reviewing purpose, topics, desired outcomes, etc. Until the group is functioning well, it may be necessary to review meeting ground rules.
- Facilitate the involvement of all members, and do so in ways that encourage them to focus specifically on the task. The facilitator remains neutral in discussion of issues.
- Try to maintain a comfortable pace (neither too rushed, nor too slow; try to start on time and end on time -- but don't be a slave to the clock).
- Periodically review what has been accomplished and move on to the next item.
- Leave time to sum up and celebrate accomplishment of outcomes and end by enumerating specific follow-up activity (what, who, when). End with a plan for the next meeting (date, time, tentative agenda). For a series of meetings, set the dates well in advance so members can plan their calendars.

(cont.)

Some Group Dynamics

Despite the best of intentions, group members sometimes find it difficult to stay on task. Some of the reasons are

Hidden Agendas -- A person may feel compelled to make some point that is not on the agenda. At any meeting, there may be a number of these hidden agenda items. There is no good way to deal with these. It is important that all members understand that hidden agendas are a problem, and there should be agreement that each member will take responsibility for keeping such items in check. However, there will be times when there is little choice other than to facilitate the rapid presentation of a point and indicate where the concern needs to be redirected.

A Need for Validation -- Even when a person is task-focused, s/he may seem to be making the same point over and over. This usually is an indication that s/he feels s/he is making an important point but no one seems to be accounting for it. To counter such disruptive repetition and related problems, it is helpful to use flipcharts or a writing board on which group member points are highlighted (hopefully with some form of organization to enhance coherence and facilitate summarizing). Accounting for what is said in this visible way helps members feel their contributions have been heard and validated. It also allows the facilitator to point to a matter as a visible reminder to a member that it has already been raised. When a matter is one that warrants discussion at a later time, it can be assigned to an "agenda bin" to be addressed at a subsequent meeting.

Members are at an Impasse -- Two major reasons groups get stuck are: (a) some new ideas are needed to "get out of a box" and (b) differences in perspective need to be aired and resolved. The former problem usually can be dealt with through brainstorming or by bringing in someone who has some new alternatives to offer. The latter problem involves conflicts that arise over process, content, and power relationships and is dealt with through problem solving and conflict management strategies (e.g., accommodation, negotiation, mediation).

Interpersonal Conflict -- Some people find it hard to like each other. Sometimes the dislike is so strong that they simply can't work closely together. If there is no mechanism to help them minimize their interpersonal conflict, the group needs to find a way to restructure its membership.

Two References

Rees, F. (1993). *25 Activities for Teams.* San Diego CA: Pfeiffer & Co.

Brilhart, J.K. & Galanes, G.J. (1995). *Effective Group Discussion* (8th ed.). Madison, WI: WCB Brown & Benchmark.

There are many committees and teams that those concerned with addressing barriers to learning and promoting healthy development can and should be part of. These include school-site shared decision making bodies, committees that plan programs, teams that review students referred because of problems and that manage care, quality review bodies, and program management teams.

Two key teams are highlighted here because of the essential role they play in enhancing program effectiveness: (a) a team to manage client care and (b) a team to manage program and service resources.

A Team to Manage Care

When a client is involved with more than one intervener, management of care becomes a concern. This clearly is always the situation when a student is referred for help over and above that which her/his teacher(s) can provide. Subsequent monitoring as part of the ongoing management of client care focuses on coordinating interventions, improving quality of care (including revising intervention plans as appropriate), and enhancing cost-efficacy.

Management of care involves a variety of activity all of which is designed to ensure that client interests are well-served. At the core of the process is enhanced monitoring of care with a specific focus on the appropriateness of the chosen interventions, adequacy of client involvement, appropriateness of intervention planning and implementation, and progress. Such ongoing monitoring requires systems for

- tracking client involvement in interventions
- amassing and analyzing data on intervention planning and implementation
- amassing and analyzing progress data
- recommending changes

Effective monitoring depends on information systems that enable those involved with clients to regularly gather, store, and retrieve data. Schools rely heavily on forms for gathering necessary information*. In coming years, more and more of this information will be entered into computers to facilitate retrieval and assist in other ways with client care.

Management of care, of course, involves more than monitoring processes and outcomes. Management also calls for the ability to produce changes as necessary. Sometimes steps must be taken to improve the quality of processes, including at

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*More on this topic is available in the Center's Resource Aid Packet on *School-Based Client Consultation, Referral and Management of Care*.

times enhancing coordination among several interveners. Sometimes intervention plans need to be revised to increase their efficacy and minimize their "costs" -- including addressing negative "side effects." Thus, management of care involves using the findings from ongoing monitoring to clarify if interventions need to be altered and then implements strategies to identify appropriate changes and ensure they are implemented with continued monitoring. Along the way, those involved in managing the client's care may have to advocate for and broker essential help and provide the linkage among services that ensures they are coordinated. They also must enhance coordinated intervener communication with the student's care givers at home.

Who does all this monitoring and management of care? Ideally, all involved parties -- interveners and clients -- assume these functions and become the *management team*. One member of such a team needs to take *primary* responsibility for management of care (a *primary manager*). Sites with sufficient resources often opt to employ one staff member to fill this role for all clients. However, given the limited resources available to schools, a more practical model is to train many staff to share such a role. Ultimately, with proper instruction, one or more family members might be able to assume this role.

All who become primary managers of care must approach the role in a way that respects the client and conveys a sense of caring. The process should be oriented to problem-solving but should not be limited to problem treatments (e.g., in working on their problems, young people should not be cut off from developmental and enrichment opportunities). In most instances, a youngster's family will be integrally involved and empowered as partners, as well as recipients of care. Well-implemented management of care can help ensure that clients are helped in a comprehensive, integrated manner that addresses her/him as a whole person. A positive side effect of all this can be enhancement of systems of care.

Management teams should meet whenever analysis of monitoring information suggests a need for program changes and at designated review periods. Between meetings, it is the responsibility of the primary manager to ensure that care is appropriately monitored, team meetings are called as changes are needed, and that changes are implemented. It is the team as a whole, however, that has responsibility for designating necessary changes and working to ensure the changes are made.

A few basic tasks for primary managers of care are

- write up analyses of monitoring findings and recommendations to share with management team
- immediately after a team meeting, write up and circulate changes proposed by management team and emphasize who has agreed to do which tasks by when
- set-up a "tickler" system to remind you when to check on whether tasks have been accomplished
- follow-up with team members who have not accomplished agreed upon tasks to see what assistance they need.

A Team to Manage Resources

Most school health and human service programs (as well as compensatory and special education programs) are developed and function in relative isolation of each other. Available evidence suggests this produces fragmentation which, in turn, results in waste and limited efficacy. National, state, and local initiatives aimed at increasing coordination and integration of community services are just beginning to direct school policy makers to a closer look at school-owned services. At the same time, school practitioners are realizing that since they can't work any harder, they must work smarter. For some, working smarter translates into new strategies for coordinating, integrating, and redeploying resources. Such efforts are reflected in new (a) processes for mapping and matching resources and needs and (b) mechanisms for resource coordination and enhancement. (Space precludes discussing the topic here, but all efforts to work smarter obviously can be enhanced through appropriate use of advanced technology.)

The literature on resource coordination makes it clear that a first step in countering fragmentation involves "mapping" resources by identifying what exists at a site (e.g., enumerating programs and services that are in place to support students, families, and staff; outlining referral and case management procedures). A comprehensive form of "needs assessment" is generated as resource mapping is paired with surveys of the unmet needs of students, their families, and school staff.

Based on analyses of what is available, effective, and needed, strategies can be formulated for resource enhancement. These focus on (a) outreach to link with additional resources at other schools, district sites, and in the community and (b) better ways to use existing resources. (The process of outreach to community agencies is made easier where there is policy and organization supporting school-community collaboration. However, actual establishment of formal connections remains complex and is becoming more difficult as publicly-funded community resources dwindle.)

Perhaps the most valuable aspect of mapping and analyzing resources is that the products provide a sound basis for improving cost-effectiveness. In schools and community agencies, there is acknowledged redundancy stemming from ill-conceived policies and lack of coordination. These facts do not translate into evidence that there are pools of unneeded personnel; they simply suggest there are resources that can be used in different ways to address unmet needs. Given that additional funding for reform is hard to come by, such redeployment of resources is the primary answer to the ubiquitous question: *Where will we find the funds?*

An example of a mechanism designed to reduce fragmentation and enhance resource availability and use (with a view to enhancing cost-efficacy) is seen in the concept of a *resource coordinating team*. Creation of such a school-based team provides a good mechanism for starting to weave together existing school and community resources and encourage services and programs to function in an increasingly cohesive way.

A resource coordinating team differs from teams created to review individual students (such as a student study team or a teacher assistance team). That is, its focus is not on specific cases, but on clarifying resources and their best use. In doing so, it provides what often is a missing mechanism for managing and enhancing *systems* to coordinate, integrate, and strengthen interventions. For example, this type of mechanism can be used to weave together the eight components of school health programs to better address such problems as on-campus violence, substance abuse, depression, and eating disorders.

Such a team can be assigned responsibility for (a) mapping and analyzing activity and resources with a view to improving coordination, (b) ensuring there are effective systems for referral, case management, and quality assurance, (c) guaranteeing appropriate procedures for effective management of programs and information and for communication among school staff and with the home, and (d) exploring ways to redeploy and enhance resources -- such as clarifying which activities are nonproductive and suggesting better uses for the resources, as well as reaching out to connect with additional resources in the school district and community.

Although a resource coordinating team might be created solely around psychosocial programs, such a mechanism is meant to bring together representatives of all major programs and services supporting a school's instructional component (e.g., guidance counselors, school psychologists, nurses, social workers, attendance and dropout counselors, health educators, special education staff, bilingual program coordinators). This includes representatives of any community agency that is significantly involved at the school. It also includes the energies and expertise of one of the site's administrators, regular classroom teachers, non-certificated staff, parents, and older students. Where creation of "another team" is seen as a burden, existing teams can be asked to broaden their scope. Teams that already have a core of relevant expertise, such as student study teams, teacher assistance teams, and school crisis teams, have demonstrated the ability to extend their focus to resource coordination.

Properly constituted, trained, and supported, a resource coordinating team can complement the work of the site's governance body through providing on-site overview, leadership, and advocacy for all activity aimed at addressing barriers to learning and enhancing healthy development. Having at least one representative from the resource coordinating team on the school's governing and planning bodies helps ensure that essential programs and services are maintained, improved, and increasingly integrated with classroom instruction.

Local Schools Working Together

To facilitate resource coordination and enhancement among a complex of schools (e.g., a high school and its feeder middle and elementary schools), a resource coordinating *council* can be established by bringing together representatives of each school's resource coordinating *team*. Such a complex of schools needs to work together because in many cases they are concerned with the same families (e.g., a family often has children at each level of schooling). Moreover, schools in a given locale try to establish linkages with the same community resources. A coordinating council for a complex of schools provides a mechanism to help ensure cohesive and equitable deployment of such resources.

Working Together?

Two best friends were taking a walk in the woods when they saw a giant grizzly bear approaching them, erect, claws bared. Being the best of friends, they clung to one another for dear life. But then one of the two disengaged, knelt to unlace his hiking boots, and hurriedly put on his running shoes.

I don't get it, his best friend said. *What can you hope to achieve? You and I both know there's no way you can outrun a grizzly bear.*

Silly, said his friend, *I don't have to outrun the bear. I only have to outrun you.*

Overcoming Barriers to Working Together

In pursuing their mission, a school's staff must be sensitive to a variety of human, community, and institutional differences and learn strategies for dealing with them. With respect to working with students and their parents, staff members encounter differences in

- sociocultural and economic background and current lifestyle
- primary language spoken
- skin color
- sex
- motivation for help

and much more.

Differences as a Problem

Comparable differences are found in working with school personnel (certificated and non certificated, line staff and administrators). *In addition, there are differences related to power, status, and orientation.* And, for many newcomers to a school, the culture of schools in general and that of a specific school and community may differ greatly from other settings where they have lived and worked.

For school staff, existing differences may make it difficult to establish effective working relationships with students and others who effect the student. For example, many schools do not have staff who can reach out to students whose primary language is Spanish, Korean, Tagalog, Vietnamese, Cambodian, Armenian, and so forth. And although workshops and presentations are offered in an effort to increase specific cultural awareness, what can be learned in this way is limited, especially when one is in a school of many cultures.

There also is a danger in prejudgments based on apparent cultural awareness. There are many reports of students who have been victimized by professionals who are so sensitized to cultural differences that they treat fourth generation Americans as if they had just migrated from their cultural homeland.

Obviously, it is desirable to hire staff who have the needed language skills and cultural awareness and who do not rush to prejudge. Given the realities of budgets and staff recruitment, however, schools cannot hire a separate specialist for all the major language, cultural, and skin color differences that exist in some schools. Nevertheless, the objectives of accounting for relevant differences while respecting individuality can be appreciated and addressed.

Examples of Client Differences as a Problem

> "A 14 year old Filipino wanted help, but his mother told me her culture doesn't recognize the need for counseling."

> "Despite the parents' resistance to accepting the need for treatment, we decided the student had to be sent to the emergency room after the suicide attempt."

> "A 15 year old Vietnamese attempted suicide because her parents were forcing her into an arranged marriage."

> "An 18 year old Latina student reported suicidal ideation; she expressed extreme resentment toward her father for being so strict that he would not allow her to date."

As these cases illustrate, differences can result in problems for students, parents, and staff. Although such problems are not easily resolved, they are solvable as long as everyone works in the best interests of the student, and the differences are not allowed to become barriers to relating with others.

Differences as a Barrier

As part of a working relationship, differences can be complementary and helpful -- as when staff from different disciplines work with and learn from each other. Differences become a barrier to establishing effective working relationships when negative attitudes are allowed to prevail. Interpersonally, the result generally is conflict and poor communication. For example, differences in status, skin color, power, orientation, and so forth can cause one or more persons to enter the situation with negative (including competitive) feelings. And such feelings often motivate conflict.

Many individuals (students, staff) who have been treated unfairly, been discriminated against, been deprived of opportunity and status at school, on the job, and in society use whatever means they can to seek redress and sometimes to strike back. Such an individual may promote conflict in hopes of correcting power imbalances or at least to call attention to a problem. Often, however, power differentials are so institutionalized that individual action has little impact.

"You don't know what
it's like to be poor."

"You're the wrong color to understand."

"You're being
culturally insensitive."

"How can a woman
understand a male
student's problems?"

"Male therapists shouldn't
work with girls who have
been sexually abused."

"I never feel that young
professionals can be
trusted."

"Social workers (nurses/MDs/
psychologists/teachers) don't
have the right training to
help these kids."

"How can you expect to work effectively
with school personnel when you understand
so little about the culture of schools and
are so negative toward them and the people
who staff them?"

"If you haven't had
alcohol or other drug
problems, you can't help
students with such problems."

"If you don't have teenagers
at home, you can't really
understand them."

"You don't like sports!
How can you expect to
relate to teenagers?"

You know, it's a tragedy in a way
that Americans are brought up to think
that they cannot feel
for other people and other beings
just because they are different.
Alice Walker

It is hard and frustrating to fight an institution. It is much easier and immediately satisfying to fight with other individuals one sees as representing that institution. However, when this occurs where individuals are supposed to work together, those with negative feelings may act and say things in ways that produce significant barriers to establishing a working relationship. Often, the underlying message is "you don't understand," or worse yet "you probably don't want to understand." Or, even worse, "you are my enemy."

It is unfortunate when such barriers arise between students and those trying to help them; it is a travesty when such barriers interfere with the helpers working together effectively. Staff conflicts detract from accomplishing goals and contribute in a major way to "burn out."

Overcoming Barriers Related to Differences

When the problem is **only** one of poor skills, it is relatively easy to overcome. Most motivated professionals can be directly taught ways to improve communication and avoid or resolve conflicts that interfere with working relationships. There are, however, no easy solutions to overcoming deeply embedded negative attitudes. Certainly, a first step is to understand that the nature of the problem is not differences per se but negative perceptions stemming from the politics and psychology of the situation.

It is these perceptions that lead to

- prejudgments that a person is bad because of an observed difference

and

- the view that there is little to be gained from working with that person.

Thus, minimally, the task of overcoming negative attitudes interfering with a particular working relationship is twofold. To find ways

- to counter negative prejudgments (e.g., to establish the credibility of those who have been prejudged)

and

- to demonstrate there is something of value to be gained from working together.

Building Rapport and Connection

To be effective in working with another person (student, parent, staff), you need to build a positive relationship around the **tasks** at hand.

Necessary ingredients in building a working relationship are

* minimizing negative prejudgments about those with whom you will be working (see Exhibit 1)

* taking time to make connections

* identifying what will be gained from the collaboration in terms of mutually desired outcomes -- to clarify the value of working together

* enhancing expectations that the working relationship will be productive -- important here is establishing credibility with each other

* establishing a structure that provides support and guidance to aid task focus

* periodic reminders of the positive outcomes that have resulted from working together

With specific respect to **building relationships** and **effective communication**, three things you can do are:

* convey empathy and warmth (e.g., the ability to understand and appreciate what the individual is thinking and feeling and to transmit a sense of liking)

* convey genuine regard and respect (e.g., the ability to transmit real interest and to interact in a way that enables the individual to maintain a feeling of integrity and personal control)

* talk with, not at, others -- active listening and dialogue (e.g., being a good listener, not being judgmental, not prying, sharing your experiences as appropriate and needed)

Finally, watch out for ego-oriented behavior (yours and theirs) -- it tends to get in the way of accomplishing the task at hand.

Exhibit 1

Accounting for Cultural, Racial, and Other Significant Individual and Group Differences

All interventions to address barriers to learning and promote healthy development must consider significant individual and group differences.

In this respect, discussions of diversity and cultural competence offer some useful concerns to consider and explore. For example, the Family and Youth Services Bureau of the U.S. Department of Health and Human Services, in a 1994 document entitled *A Guide to Enhancing the Cultural Competence of Runaway and Homeless Youth Programs*, outlines some baseline assumptions which can be broadened to read as follows:

> Those who work with youngsters and their families can better meet the needs of their target population by enhancing their competence with respect to the group and its intragroup differences.
>
> Developing such competence is a dynamic, on-going process -- not a goal or outcome. That is, there is no single activity or event that will enhance such competence. In fact, use of a single activity reinforces a false sense of that the "problem is solved."
>
> Diversity training is widely viewed as important, but is not effective in isolation. Programs should avoid the "quick fix" theory of providing training without follow-up or more concrete management and programmatic changes.
>
> Hiring staff from the same background as the target population does not necessarily ensure the provision of appropriate services, especially if those staff are not in decision-making positions, *or* are not themselves appreciative of, or respectful to, group and intragroup differences.
>
> Establishing a process for enhancing a program's competence with respect to group and intragroup differences is an opportunity for positive organizational and individual growth.

(cont.)

The Bureau document goes on to state that programs:

> are moving from the individually-focused "medical model" to a clearer understanding of the many external causes of our social problems ... why young people growing up in intergenerational poverty amidst decaying buildings and failing inner-city infrastructures are likely to respond in rage or despair. It is no longer surprising that lesbian and gay youth growing up in communities that do not acknowledge their existence might surrender to suicide in greater numbers than their peers. We are beginning to accept that social problems are indeed more often the problems of society than the individual.
>
> These changes, however, have not occurred without some resistance and backlash, nor are they universal. Racism, bigotry, sexism, religious discrimination, homophobia, and lack of sensitivity to the needs of special populations continue to affect the lives of each new generation. Powerful leaders and organizations throughout the country continue to promote the exclusion of people who are "different," resulting in the disabling by-products of hatred, fear, and unrealized potential.
>
> ... We will not move toward diversity until we promote inclusion ... Programs will not accomplish any of (their) central missions unless ... (their approach reflects) knowledge, sensitivity, and a willingness to learn.

In their discussion of "The Cultural Competence Model," Mason, Benjamin, and Lewis* outline five cultural competence values which they stress are more concerned with behavior than awareness and sensitivity and should be reflected in staff attitude and practice and the organization's policy and structure. In essence, these five values are

(1) *Valuing Diversity* -- which they suggest is a matter of framing cultural diversity as a strength in clients, line staff, administrative personnel, board membership, and volunteers.

(2) Conducting Cultural Self-Assessment -- to be aware of cultural blind spots and ways in which one's values and assumptions may differ from those held by clients.

(3) *Understanding the Dynamics of Difference* -- which they see as the ability to understand what happens when people of different cultural backgrounds interact.

(4) *Incorporating Cultural Knowledge* -- seen as an ongoing process.

(5) *Adapting to Diversity* -- described as modifying direct interventions and the way the organization is run to reflect the contextual realities of a given catchment area and the sociopolitical forces that may have shaped those who live in the area..

*I*n Families and the Mental Health System for Children and Adolescence*, edited by C.A. Heflinger & C.T. Nixon (1996). CA: Sage Publications.

One Other Observation

In most situations, direct or indirect accusations that *"You don't understand"* are valid. Indeed, they are givens. After all, it is usually the case that one does not fully understand complex situations or what others have experienced and are feeling.

With respect to efforts to build working relationships, accusing someone of not understanding tends to create major barriers. This is not surprising since the intent of such accusations generally is to make others uncomfortable and put them on the defensive.

It is hard to build positive connections with a defensive person. Avoidance of *"You don't understand"* accusations may be a productive way to reduce at least one set of major barriers to establishing working relationships.

Finally, it is essential to remember that **individual differences** are the most fundamental determinant of whether a good relationship is established. This point was poignantly illustrated by the recent experience of the staff at one school.

> A Korean student who had been in the U.S.A. for several years and spoke comprehensible English came to the center seeking mental health help for a personal problem. The center's policy was to assign Korean students to Asian counselors whenever feasible. The student was so assigned, met with the counselor, but did not bring up his personal problem. This also happened at the second session, and then the student stopped coming.
>
> In a follow-up interview conducted by a nonAsian staff member, the student explained that the idea of telling his personal problems to another Asian was too embarrassing.
>
> Then, why had he come in the first place?
>
> Well, when he signed up, he did not understand he would be assigned to an Asian; indeed, he had expected to work with the "blue-eyed counselor" a friend had told him about.

School-Community Collaboration

Excerpts from Kathleen Cotton's (1997) article entitled "School Community Collaboration" in *Prevention Forum*.

When discussing the need for school-community collaboration to address a range of problems experienced by students and families, two subjects require attention: the nature of the problems themselves; and the current inability of human services organizations, including schools, to respond adequately to these problems.

... Probably the single most significant factor motivating schools and community groups (social service agencies, business, neighborhood associations, etc.). To collaborate on behalf of children and families in need is the recognition that resources are scarce and unlikely to become more plentiful in the near future.

... Dunkle and Nash (1989) assert that "developing integrated relationships" is about as easy as dancing with an octopus, with each agency or organization a 'tentacle.'" In looking at a high risk teenager:

- An educator sees a *student* in danger of dropping out
- A health-care provider sees *a patient* at risk of having a low-birth weight baby
- A social-service worker sees *a client* who may require public assistance
- A juvenile justice worker sees a potential *runaway*
- An employment specialist sees a *trainee* needing multiple services
- A community or religious leader sees the troubled *offspring* of a personal friend

These "categorical or discrete definitions of problems," (SEDL 1990b) result in programs being given responsibility to address only one problem area or one audience. This, in turn, gives rise to several related barriers to collaboration, as identified by Gold (1985):

- ***Organizational autonomy.*** Collaboration poses a challenge to the organizational habit of setting priorities without regard to the perspectives of other organizations

- Singular perspectives. The tendency of each organization to have a very limited view of clients and their needs can impede collaboration, as does the use of jargon that is not meaningful outside each organization's narrow confines

- ***Differing mandates and procedures.*** These can lead to a lack of understanding and/or respect for the constraints under which other organizations must operate

- ***Competing/Adversary relationships.*** Social service organizations may be in competition with one another for clients or funds, be charged with evaluating each other's performance, or have a history of friction with one another -- all of which can be expected to interfere with collaboration

"No one," observes Weiss (1984), "will admit that he or she *does not want cooperation* or a working partnership."

Even when schools, social service agencies, and other organizations overcome their initial resistance to sharing information and pooling at least some of their resources, other barriers often present themselves. Guthrie and Guthrie (1990), Pathfinder (1987), Robinson (1985), and Weiss (1984) invite potential collaborators to watch out for pitfalls such as:

- *No action; talk only.* Gatherings become gripe sessions and participants fail to stay focused on tangible results

- *Agency representatives create another layer of bureaucracy* by forming an interagency "czar" or "superagency," and the focus on service delivery is lost

- *One agency dominates* proceedings, leaving other members feeling they have little influence

- Some members' participation is characterized by *competitiveness, cynicism, a preference for working alone, and/or hidden agendas* for personal advancement

- Efforts may be afflicted by the "Terrible T's" -- Tradition, Turf, (lack of) Trust, (lack of) Time, and Trouble (feeling it is too much trouble to overcome complacent and resistant attitudes)

Of the prospect of true collaboration-- among social service agencies and between these agencies and the schools -- Sylvester (1990) writes: It sounds remarkably simple. It is remarkably difficult. In order to provide ... comprehensive and cohesive services to at-risk children and their families ... the school and social service bureaucracies must overcome years of differing traditions. People who have never worked together must form teams. Schools must open their doors to outsiders, and social service agencies must relinquish control of some activities. Then, in order to make it all work on a large-scale basis. there must be fundamental institutional changes in the way programs are funded, in the way professionals are trained, and in the way outcomes of education and social service programs are measured.

...

What makes for a sense of community? Chavis, et al. (1986) and McMillan and Chavis (1986) tell us that a sense of community is derived from perceptions of membership, influence, fulfillment of needs, and emotional connection.

Membership includes a sense of boundaries, emotional safety, sense of belonging, and personal investment. These aspects work together to determine who is part of the community and who is not.

Influence refers both to the community's power to affect the individuals and organizations within it and to the power of the individuals and organizations to affect decisions which have community wide impact.

Fulfillment of needs refers to the members of a community having values and needs that are similar enough to one another that the community as a whole can organize its need-meeting activities and set priorities.

Shared emotional connection pertains to the capacity of a community to give its members positive ways to interact, important events to share, positive means of resolving events, and opportunities to honor members.

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Motivating Factors for Potential Collaborators *

The question, "what's in it for us?" is bound to [arise] . . . . The literature on school-community linkages identifies reasons for collaborative relationships . . .

- *Health and social service agencies.* Staff of these agencies greatly value their connections with the schools. Since virtually all young people pass through the schools, schools can provide human service agency staff access to the community's young people and, through them, to families experiencing needs . . . .

- *Colleges and universities.* Higher education representatives want to avoid expenditures for remediation and developmental courses. . . . Also, they stand to increase their enrollments if they assist in the development of capable high school graduates who value further education. Work with the public schools enables higher education personnel to keep abreast of educational issues and developments . . . .

- *Parents and community members.* These individuals naturally want to assure a wide range of life choices and economic self-sufficiency for the community's young people. In the case of older community members, offering support and sharing experience with young people can increase their sense of worth and productivity . . . .

- *Business and industry.* Business representatives have cited . . . their desire for a competitive workforce and for a pool of qualified potential employees. According to a 1987 National Alliance of Business report, "The second most often cited reason for a business selecting a particular location is the quality of the schools." Other motivators include a desire to reduce taxes and welfare costs by reducing unemployment ....

- *Member of neighborhood organizations* typically support close relationships with the schools as a means of increasing community cohesiveness and gaining support and involvement for community projects.

. . .

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* Excepts from a side bar to Kathleen Cotton's (1997) article in *Prevention Forum.*

A School-Based Health Center: Working Together with School and Community*

The school's principal and a staff member from the School-Based Health Center passed each other in the hall. Suddenly, the principal whirled around and with a rather sharp tone said: "You folks should try to remember this is a school with a health center, not a health center with a school!" The incident underscores the necessity of center staff working diligently to be seen as an integral part of a school--not as an outsider.

In effect, center staff must consistently be working toward (1) integration of their internal activity (medical, mental health, health education); (2) integration with other programs and services at a school; and (3) integration with community resources. These can be viewed in terms of phases of collaboration.

Phases of Collaboration

I. Integrating within the Center

Meeting the needs of adolescents using school-based Centers requires a blending of physical and mental health expertise. In the center, this is accomplished through integration of physical and mental health and health education activity in ways that encourage teamwork. That is, working in an integrated manner involves a partnership among all center staff (e.g., clerical, medical, mental health, and health education personnel).

At its core, the partnership encompasses a close working relationship around initial contacts, triage and other assessment tasks, referrals for counseling, health education, programming, and handling crises and problems. Such teamwork is seen as essential in maximizing center effectiveness which, in turn, should increase a staff's sense of accomplishment and counter "burn-out."

Following are five activities that mental health staff can pursue to improve integration of the mental health focus within the center.

1. Interact daily with other center staff around clients' interviews, problems, and crises. It is productive to have a mental health person reserve part of the day to handle special problems, consult about client needs, and meet immediately with students who raise mental health concerns. As a result of daily staff interactions, other center staff learn how to identify psychosocial problems, when and where to refer, and how to deal more effectively with student affect.

2. Participate in weekly reviews of initial contacts -- with mental health concerns a significant part of the agenda. Weekly reviews allow for discussion of problems that may be psychosomatic (e.g., related to anxiety, loss, depression) and what kinds of support seem most beneficial.

3. Offer staff development. Most staff appreciate additional training and support for working with students who are in crisis, distraught, threatening, or manipulative, or who have serious/chronic medical problems.

4. Work with health educator. The scope and potential impact of health education programs are increased when a center expands its focus to include a holistic orientation and offers specific presentations on such psychosocial concerns at suicide, depression, aftereffects of abuse, trauma, loss.

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* From *Guidebook for A Mental Health Focus in School-Based Health Centers*. Los Angeles, CA: School Mental Health Project, UCLA. Developed with support from a grant from the Robert Wood Johnson Foundation.

5. Involve entire center staff in case discussions and periodic reviews of ongoing counseling. Mental health case conferences allow other staff to offer ideas, learn more about psychosocial problems, and become aware of what can and cannot be accomplished through counseling.

II. Integration of Health Center into the School

The way to improve mental health services for all students in the school is through

- coordination and integration among all programs at the school
- expanding the range of intervention options

These objectives are only possible through establishment of a close working relationship with school staff who are responsible for and interested in psychosocial programs. A key procedure in stimulating such integration is a Resource Coordinating Team. (see article later in this packet) Another approach is to identify ongoing programs and then establish personal working relationships with the staff involved. In either case, it is helpful to have an official school administrative liaison to the center who is supportive and has positive influence with key school staff members.

III. Outreach and Networking Outside the School

Outreach to school district personnel and resources

- identify key representatives of district-wide units responsible for psychosocial programs
- invite them to attend a school-wide Resource Coordinating Team meeting
- establish personal working relationships where appropriate

One way to think about these tasks of integration, outreach, and networking is in terms of a center's phases of development. While a center deals with all these matters from the day it opens, the first major concern is with integration within the center. As this task is accomplished, more energy can be devoted to the task of integrating the center within the school. And eventually, the task is to improve outreach and networking outside the school, with school district personnel and programs, with the community, and with other centers (locally, regionally, nationally).

Outreach and resource networking activities beyond the school are not easy to undertake or maintain. Such activity requires establishing lines of communication and developing working relationships. And, as in any relationship, there are benefits and costs.

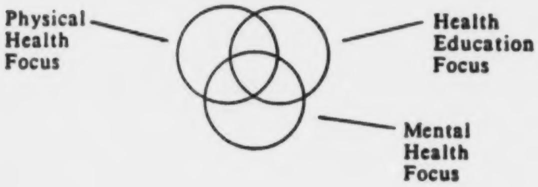
Among the major benefits are the opportunity to learn about how others are handling the problems you're trying to solve, share ideas for new programs and practices, and establish mutual support mechanisms for training and consultation.

Among the costs are the time it takes to meet with others -- (after all, who doesn't already have a full schedule?) and the effort it takes to learn to work productively with another set of professionals.

If appropriately handled, the benefits of outreach and networking far outweigh the costs.

Phases of Health Center Integration, Outreach, and Networking

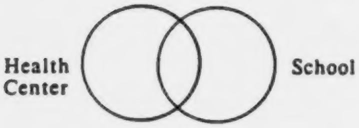
Phase I: Integration within the Health Center:


Physical Health Focus
Health Education Focus
Mental Health Focus

Integrated & coordinated services can improve

1. triage and treatment of both physical & Psychosocial problems
2. staff develop. & mutual support
3. health education (by focusing on physical & psychosocial concerns)
4. handling of crises & distraught, threatening, or manipulative students
5. center effectiveness & staff sense of fulfillment (thus countering Burn-out)

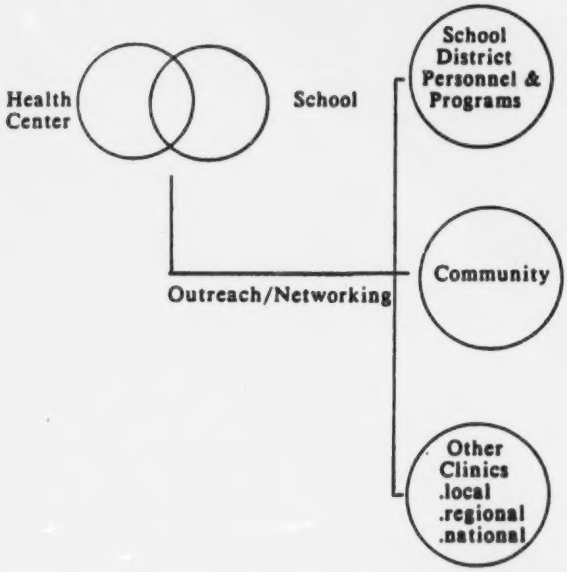
Phase II: Integration of Health Center Within the School


Health Center
School

Integration & coordination of center and school programs can increase

1. awareness of and access to appropriate on-site center and school referrals
2. coordination with other school programs working on a student's problems
3. development of additional school programs focused on clients' specific needs
4. understanding of respective roles & functions and productive sharing of expertise
5. efficacy of intervention & staff sense of accomplishment

Phase III: Outreach and Networking Outside the School


Health Center
School
Outreach/Networking
School District Personnel & Programs
Community
Other Clinics
.local
.regional
.national

Outreach & Networking can result in

1. attracting additional programs to the campus
2. adoption/adaptation of additional programs identified as needed
3. ready access to extra support and expertise with respect to difficult problems and crises
4. awareness of and access to appropriate off-site referrals
5. coordination with other off-site programs working on a student's problems
6. useful sharing of policies, ideas, and problem solutions
7. evolving to a systems orientation with comprehensive, integrated approaches

A Quick Overview of Some Basic Resources
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Examples of Model School-Based Collaboratives

The Children's Aid Society's Community Schools Program (New York)

The program has the goal of extending the use of existing facilities so they become multi-service centers providing all services required by neighborhood children and families. The idea behind the program is to enlarge and enhance the whole concept of "community schools"with these principles: a school can and should benefit its students well beyond the traditional school day and well beyond the traditional school ways; a school can and should become the de facto center, even a second home, for its entire community; both these goals can and should be accomplished by educators and social service groups working closely together, in full partnership. Collaborators include Intermediate School 218, Primary School 5, the Board of Education, the Board of Community School District Six, and the Children's Aid Society. The project is implemented in the Washington Heights/Inwood area at the northern tip of Manhattan. The program provides the following services:

Extended-Day programs: based on a "seamless" school day model where learning starts at 7a.m. and continues until 6p.m. The programs include extra hours for remedial and enrichment courses; cultural, arts and recreational activities; organized sports; Outward Bound adventure activities; and computers. Instructors are the schools' teachers.

Summer programs: includes a six-week dance camp for at-risk middle schoolers, a teen travel program to museums and historical sites, and day trips for all ages, including parents.

Health services: To ensure access to regular primary and preventive care, medical and dental care are provided on-site. Medical services include immunizations, exam, hearing and vision tests, tests for lead poisoning and sickle cell anemia, and treatment for common ailments such as colds, bruises, and asthma. Dental care includes exams, cleaning and fluoride treatments, sealants, fillings and restorations. Mental health services include individual and family counseling; prevention of substance abuse, teen pregnancy, AIDS/HIV.

Career readiness: Through the Teen Programs, neighborhood youths take college preparation courses; run small businesses; serve as program aides; and develop career and leadership skills through the youth development programs at the Society's centers.

Parent resource centers: are adjacent to the schools' entrance. Parents receive help with personal and family issues that could impede their youngsters' academic success. They are referred to services; take parenting workshops; brush up on English language skills; study towards General Equivalency Diplomas or Associate's and Bachelor's degrees. Parents also donate their time and expertise.

Early Childhood Program: reaches out to pregnant women and new and inexperienced parents, to provide parenting education; the program also includes a well-baby health clinic; a library and early childhood resource center; home visits; counseling; and social work services.

Community development: includes advocacy for community safety; parental involvement; better community-police relations; starting small businesses as part of the Family Business Development Program. The Society works with more than 75 community groups at the schools, including food and housing coalitions, businesses, emergency shelters and immigration specialists.

The Children's Aid Society staff is beginning a 10-year longitudinal study to evaluate the schools.

Contact: C. Warren Moses (Pete), Associate Executive Director. The Children's Aid Society. 105 East 22nd Street New York, NY 10010. Phone: (212)949-4936.

Denver Public Schools

With a view to enhancing collaborative efforts, schools and clusters of schools are able to combine or reallocate the services that traditionally have been the responsibility of a nurse, social worker, or school psychologist to coordinate the provision of support services. All schools are allocated a percentage of time from the district offices of Nursing, Psychology and Social Work. Schools or clusters of schools identify their needs in terms of specialized services and are able to request how resources can be combined to allocate services to best fit their needs.

Contact: Pat Hayes, Denver Public Schools, 900 Grant St., Denver, CO 80203.
Phone: (303) 837-1000.

Pennsylvania Department of Education, Student Assistance Programs

A group of school personnel are trained to work with students who are having problems using a systematic process. The Student Assistance Core Team consists of a central office administrator, building administrator, counselors, teachers, nurse, psychologist, social worker and representatives from community agencies. The team works on individual cases as well as coordinating all of the resources available at the school to help students with problems.

Contact: Pennsylvania Department of Education, Network for Student Assistance Services, 333 Market St., Harrisburg, PA 17126, Phone: (717) 783-6777.

Los Angeles Unified School District: Plan for Restructuring Health and Human Services

The school district is currently restructuring the delivery of health and human services developing coordinating mechanisms for support services. Change agents called Organizational Facilitators are working in complexes of schools (consisting of a senior high school and feeder middle and elementary schools) to develop Resource Coordinating Teams at each school and Resource Coordinating Councils for complexes of schools. Resource Coordinating Teams draw together the school personnel that are responsible for support service needs, as well as representatives from parents, teachers and school governance. The goal is to develop mechanisms to coordinate the services provided by the school and to obtain additional resources from the community, if needed. Resource Coordinating Councils coordinate support services for the entire complex and develop relationships with community agencies to provide services to schools in the complex.

Contact: Superintendent Sally Coughlin or Coordinator John DiCecco, Los Angeles Unified School District, 450 N. Grand, Los Angeles, CA 90012. Phone: (213)625-5635.

Walbridge Caring Communities (St.Louis, Missouri)

Based at the school and a nearby church in inner-city St. Louis, Walbridge Caring Communities brings an interdisciplinary staff of 22 to bear on the variety of problems of children and families. Its philosophy centers around the African proverb, "It takes a village to raise a child." The initiative's mission is to build a village in a neighborhood where many connections within and among families have been severed by drugs, poverty, alienation, and a host of other ills. Although providing a broad range of services, the program is also about strengthening values. Its core values on working with children are expressed in an African credo, The Nguzo Saba (or Seven Principles: unity, self-determination, collective work and responsibility, cooperative economics, purpose, creativity, and faith).

The goals of the collaborative are to keep children in school while increasing their level of success at school, to keep children safely in their homes, to avoid the splitting up of families, and to keep children out of the juvenile justice system. School staff members were involved in developing 14 criteria for referring children to the Walbridge Caring Communities component, ranging from frequent tardiness to drug abuse. The program serves children and families from the elementary school, which has about 530 students in grades K through 5. Some services would extend to the neighborhood.

Services in the program includes:
Families First: provides intensive intervention for families in crisis for up to 10 weeks; Case management, through which families are linked to social services and receive direct help such as helping families with parenting skills or tutoring their children; Day treatment, providing behavior therapy for children with problems; Substance abuse counseling, a program in which counselors work with families before, during, and after treatment, including a codependency group for children of drug abusers.

Student assistance: includes afterschool tutoring and classroom presentations on topics such as self-esteem and self-perception.
Latchkey: offers combination of recreational and academic activities before and after school.
Youth center: offers Friday evening recreational and educational programs for children ranging from age 5 to 19 years.
Parents As Teachers: provides early screening and parent education program for families with children ranging from newborn to 3 years.
Health services: ranging from first aid to transportation to treatment facilities.

Contact: Director Khatib Waheed, Walbridge Caring Communities Program. 5019 AlcottSt. Louis, MO 03120. Phone: (314) 261-8282. Fax: (314) 381-1290. Or Principal James Ewing, Walbridge Elementary School. 4960 Maffitt Place St. Louis, MO 63113. Phone: (314) 383-1829

New Beginnings (San Diego, California)

This is a program initiated by four agencies in a collaborative effort to improve the lot of families in a San Diego school district. Later on, the San Diego Housing Commission, the University of California San Diego School of Medicine, San Diego Children's Hospital and Health Center, and the IBM Corporation joined in the effort to develop programs that address school-related needs but with an emphasis on families. In 1991, the New Beginnings Center for Children and Families was formed, with representatives from a score of agencies, to act as family service advocates, brokering public services to meet the full range of a family's needs. They also provide some direct services like immunizations, school registration, and counseling. More than a center or a dozen centers, New Beginnings' goal is fundamental reform.

The statement of philosophy was: Families, as the primary caregivers, must be supported and strengthened, and only a system of integrated services involving all agencies can effectively provide that support. This system of integrated services cannot be dependent on short-term funding, but must be supported by a fundamental restructuring of existing resources. The emphasis on long-term funding was an important definition of New Beginnings. The collaborative also talked about goals and outcomes. Its aims are the improved health, social and emotional well-being, and school achievement of children; greater self-sufficiency and parental involvement in families; and a unified approach and philosophy among institutions that would lead to greater cost-efficiency and effectiveness.

Rather than create special exceptions to accommodate the goals of the Hamilton center, the collaborative sought to reconfigure bureaucracies based on those goals. An example is the extended team, a concept that continues to be a work in progress. The partners agreed that to make bureaucracies family centered, they had to reduce the number of people a family turns to in seeking help. Rather than assigning a large geographical area to an army of lineworkers, as is typically the case, New Beginnings wanted to align smaller units of workers with specific neighborhoods. These workers would remain in their home agencies but comprise an extended team collaborating with agency workers and others in the field.

Contact: Jack Campana. San Diego New Beginnings. San Diego City Schools.
4100 Normal St., Room 2220. San Diego, CA 92103-2682.
Phone: (619) 293-8102

Learning Center Model

As one of the nine national models created in conjunction with the New American Schools Development Corporation (NASDC) "Break-the-Mold" school reform initiative, the Learning Center Model has adopted the concept of the Enabling Component as a comprehensive, integrative, approach to addressing barriers to learning. One key aspect of this model is development of collaborative teams for program and resource coordination and enhancement.

Enabling Component Program Teams are thought of as comparable to those a school establishes to ensure functions--such as planning and implementing academic curricula-- are properly carried out. In some cases, one team can address more than one program area, and for some areas, one team might serve more than one school. The functions of each team are to ensure programmiatic activity is well-planned, implemented, enhanced, evaluated, maintained, and appropriately evolved. To begin with, one to two motivated and competent individuals may take the lead for a given programmatic area, with others recruited over time as necessary and/or interested. Inevitably, some areas require two or more persons. The functions related to a programmatic area often can be handled by expanding the focus of staff or curriculum development teams, a Student Study Team, a Teacher Assistance Team or a School-Based Crisis Team.

In addition, a separate organizational mechanism is needed to provide overall cohesion, coordination, and increased integration among programmatic areas. This mechanism for coordinating Enabling Component programs and resources also can be conceived of as a school-based team. Such an Enabling Component Coordinating Team exemplifies the type of on-site organizational mechanism needed for overall cohesion of the many facets of an Enabling component. Minimally, it can reduce fragmentation and enhance cost-efficiency of enabling activity by assisting program teams in ways that encourage them to function in a coordinated and increasingly integrated way. For example, the team can develop communication between school staff and students' families about available assistance and referral processes. In addition, the team can coordinate resources, and monitor the various programmatic teams to be certain group leadership is maintained and replacements are made when members leave. Such a coordinating group consists of representatives of all major programmatic activities designed to support a school's instructional efforts. It also benefits when representatives from the school's governing bodies are participants. Properly constituted, this group also can provide on-site leadership related to the Enabling Component and ensure its maintenance and improvement. For example, the group can guide school personnel toward seeing the Enabling Component as not only preventing and correcting learning, behavior, emotional and health problems but as contributing to classroom efforts to foster academic, social emotional, and physical functioning. The team can also help to identify ways to improve existing resources and acquire additional ones.

Contact: Peggy Funkhouser or Gretta Pruitt, Los Angeles Educational Partnership, 315 Ninth Street, Suite 1110, Los Angeles, CA 90015. Phone: (213) 622-5237.

A Few Additional Examples of School-Community Partnerships

From the *Working Conference on School-Linked Comprehensive Services for Children and Families - What We Know and What We Need to Know* (April 1995). Jointly Sponsored by the U.S. Department of Education, the Office of Educational Research and Improvement, the American Research Association, The American Association of Colleges for Teacher Education, The Association of Teacher Educators, and The National Center on Education in the Inner Cities.

The Appendix A of this report presents 22 Exemplary School-Linked Programs. The descriptions include a brief overview of program goals, collaborators, services provided, the target populations, and contact addresses.

- Santa Clara County Head Start Transition Project (San Jose, California)
- Early Education Services (Brattleboro, Vermont)
- The Center for Successful Child Development: The "Beethoven Project" (Chicago, Illinois)
- James E. Biggs Early Childhood Education Center (Covington, Kentucky)
- School Board of Alachua County Family Services Center (Gainesville, Florida)
- Harvard Family Research Project: The Decker Family Development Center (Barberton, Ohio)
- Family Resource and Wellness Centers (Tucson, Arizona)
- Farrell Area School District Family Center/Instructional Support Center (Farrell, Pennsylvania)
- School of the Future Project (Austin, Dallas, Houston, and San Antonio, Texas)
- Stark County Project: Summit School Family Resource Center (Canton, Ohio)
- Emmerton Elementary School Healthy Start Program (San Bernardino, California)
- The Children and Adolescents Network of DuPage (DuPage County, Illinois)
- Chatham-Savannah Youth Futures Authority (Savannah, Georgia)
- School-Based Youth Services Program (Trenton, New Jersey)
- School-Based Youth Services Program (New Brunswick, New Jersey)
- South Tama County School-Based Youth Services Project (Tama, Iowa)
- The Children's Aid Society's Community Schools Program (New York, New York)
- Alianza Dominicana, Inc.: La Plaza Beacon School (New York, New York)
- The Career Ladder Program (Burien, Washington)
- Comprehensive Services for School Age Parents (Philadelphia, Pennsylvania)
- Mujeres Y Hombres Nobles (Los Angeles, California)
- Migrant Education Summer Institute (Central and South Florida)

On the following pages are descriptions of some of these exemplary programs:

School Board of Alachua County Family Services Center (Gainesville, Florida)

The project aims to empower families to become self-sufficient by providing, through community collaboration, a continuum of health, social, and educational services in a family-focused environment. Collaborators include the School Board of Alachua County, HRS City of Gainesville Alachua County, University of Florida, Santa Fe Community College Mental Health Services, Inc. and other community organizations.

Services are provided for At-risk young children, birth to grade five, and their families. Over 750 children and their families were served in a year.Services include: Case management; Education, adult/child literacy; Health and mental health; Social and economic services; Vocational/job employability skills; Drug prevention and treatment; Family liaison support; Transportation; Book and toy lending library.

Contact: Bebe Fearnside. Phone: (904) 955-7615. Fax: (904) 955-6700

Family Resource and Wellness Centers (Tucson, Arizona)

The project has the goal to improve educational achievement by facilitating the delivery of community-assessed health, mental health, social, recreational and educational services to children, youth and families in the Tucson metropolitan area, thereby removing the barriers to success. Collaborators include: four school districts: Amphitheater, Flowing Wells, Sunnyside Unified, and Tucson Unified; the City of Tucson; Pima County Board of Supervisors; and Arizona State Agencies. Services for At-risk and impoverished individuals and families include: primary health care for adults and children; Food, clothing, and financial assistance; Adult education; Recreational programs; Counseling Child care; General education assistance.

Contact: Patricia Lopez, Director of Organizational Development. Tucson Unified School
District, P.O. Box 40400, Tucson, AZ 85717. Phone: (602) 617-7485. Fax: (602) 629-8284

Stark County Project Summit School Family Resource Center (Canton, Ohio)

The project has the goal to bring the Summit together as a caring family for support, education, service, and recreation. Collaborators include: Canton City Schools; Stark County Family Council; Child and Adolescent Services Center; Family Services; Stark County Department of Human Services; Parent Mentor Project; Stark County African-American Mentor Project; Ohio Department of Education Venture Capital; Annie Casey Foundation.

Services for families living in the Summit School attendance area include: Mentoring; Counseling; Early intervention assistance; Health clinics; Agency connection; Parenting classes; Recreation; Neighborhood foster care; Housing assistance; Library for parents and children; Child protective services.

Contact: Beth Dague, Stark County Council Director. Suite 1600, 800 Market North. Canton, Ohio 44702. Phone: (216) 455-1225. Fax: (216) 455-2026

Farrell Area School District Family Center/Instructional Support Center (Pennsylvania)

The project has the goal of collaborating with families and community support systems to better meet the educational and social needs of all children. Collaborators include: Farrell Area School District; State Department of Education; Department of Public Welfare; Department of Health and Human Services; Pennsylvania Department of Special Education; MH/MR of Mercer County; Children's Trust Fund; VISTA 1994.

Services are provided for individuals from birth through age 12 and beyond. Approximately 250 families are served annually, with 65 percent minority. Services include: Head start; Day care; K-4 program; Instructional support team; Teen parenting; Elementary family center; Family center for child development; Primary health; Early intervention; School age child care; and Infant/toddler care.

Contact: Steve Gurrera, Elementary Principal and Federal Programs Coordinator. Farrell Area Elementary School. 1600 Roemer Boulevard, Farrell, Pennsylvania 16121.
Phone: (412) 346-6585. Fax: (412) 346-0223

THE COURAGE TO LEAD: ENGAGING UNIVERSITIES AND COLLEGES IN PUBLIC PROBLEM-SOLVING

Excerpts of remarks by William Greiner, President of the State University of New York at Buffalo from "Higher Education and the Health of Youth" -- a *Havard University/Centers for Disease Control and Prevention Conference, April 6-7, 1995* *)

More and more often, we hear the question asked: how can we do a better job of engaging universities and colleges, with their many competencies, in the meaningful and effective solution of public problems? But the question is perhaps ill-put; public problem-solving is already a very significant activity for universities and colleges, and one in which we have substantial investments of time, talent, and resources.

... It is imperative that we reintroduce --to our constituencies, but, even more importantly, to ourselves-- public service as a key function of both public and independent institutions of higher education. As reservoirs of expertise, comprehensive armamentaria of approaches, and proving grounds for new ideas and technologies, we in higher education are better equipped to fulfill that function than almost any other kind of organization or institution in modern society.

Assuming that more university and college engagement in public problem-solving -- such as that involved in community health initiatives that focus on youth -- is in fact a public good, how do we get more engaged, and what is it that stands in the way of our doing so?

. . . It is also the case that society at large wants more effective leadership from university and college presidents. When members of society look to us, they are not seeking advocates of the status quo. They want strong, innovative change agents, academic administrators who are deeply and realistically committed to making genuine contributions to the public good, and who are both strong enough and visionary enough to achieve concrete advances in that direction. . . .

- We can modify *organizational structures* in a fashion that clearly marks out public problem-solving as part of the institutional portfolio.... Multidisciplinary teams focused on public projects offer another kind of readily visible, readily comprehensible structure whose existence signals that we mean business with respect to public service.

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*Published in *Universities and Community Schools*. Vol. 5, No. 1-2. Fall 1997. University of Pennsylvania

- We can employ creative approaches to *resource allocation*, moving money at the margins or raising funds differentially to support service initiatives.
- We can make the most of our ***bully pulpit*** to enlist the aid of external constituents, such as local, state, and federal governments, as well as business and industry. Signaling to those constituents that we understand their concerns and priorities is more than half the battle because they can help with the networking, procedural support, and fiscal incentives that make other steps possible.
- . . . We must stress and always insist upon a crucial synergy among these parts, acknowledging that service, or public problem-solving, makes the other parts of our endeavors more vibrant, offering us new avenues for research, teaching, and creative endeavors.

One central part of empowering our faculty and staff to engage more actively in public problem-solving is to remind them (and ourselves) of the practical value of *competence*, as well as the ideal value of genius. We will always celebrate brilliant, daring, unprecedented achievements -- "Gordian knot" solutions to tangled public problems-- as the "best case" of academic service. But, in eliciting and supporting public engagement, we must also welcome first steps, tentative accomplishments, "good-enough" starts, and works in progress....

And we, as university and college leaders, can urge faculty and staff to take "generalist" out of their lexicon of dirty words. We should be wary of overspecialization that focuses too narrowly on small technical points or tightly restricted fields but does not benefit broader understandings and approaches to contemporary concerns. We need to reinforce the notion that generalists can and should be valued as highly as, though perhaps differently than, their more specialized colleagues. Such returns to generalist endeavor are the cornerstone of the increasingly multidisciplinary activity that makes public problem-solving-- and for that matter intellectual growth-- possible.

There is no need to fear our opportunities to lead, to risk new directions, and to take firm stances as agents of change. Universities and colleges are on a fertile ground for change. The structure of our research and scholarship is changing, tending more toward teamwork, collaboration, and the blurring of distinctions between disciplines. The role of our governments is changing, as our society confronts intractable problems that urgently require solutions which bureaucracies cannot produce. And the expectations of our faculty, students, and publics are changing. More and more, we collectively understand and are ready for greater social relevance in all that we do.

Examples of Model School-Community-Higher Education Connections

1. Partners in Educational Change: A School University Model *

Collaborative initiatives ... between the university and school professionals are common at UMass-Lowell. In the last 10 years, more than 100 faculty and staff from the university's six colleges have volunteered their time and expertise in similar partnership efforts with local schools. This broad, varied, and sustained collaboration between higher education and schools leads many outsiders to ask how and why university faculty and public school personnel get along so well.

... More important than the observable outcomes of discrete projects is the shared purpose and trust between university and K-12 educators which have developed. One urban superintendent commented: "The Center for Field Services and Studies is our R&D department. We had our own idea of where we wanted our system to go, but could not have done the kind of training required for over 1000 teachers in the last 10 years without the Center."

University faculty and students also benefit from the partnership efforts. For faculty, working with younger students offers the chance to share the excitement of their disciplines, and perhaps increase the numbers of students who choose to pursue those fields in college. One chemistry professor who regularly conducts advanced chemistry classes and experiments to high schools through distance education put it this way:

"Programs like ours between the University and the high school turn kids on, show them what modern chemistry is all about, what's going on in research and industry. It's our responsibility to do that, and I think we have a better chance of attracting these kids into the sciences with programs like this."

Besides teaching high school students,.. Partnership efforts have taught university faculty about better teaching methods... Several professors have reported they now routinely use these methodologies in their university classes with good effect.

Faculty benefit in other ways as well. Projects with schools have proven to be an important source for grant writing, research, and professional service opportunities. Increasingly, school-university collaborative efforts are now weighed in decisions for rank, tenure, merit, and other award programs within the institution.

University students, too, are beneficiaries of partnership programs. Several project, which began as a way to meet school needs now routinely meet University needs. Through the Instructional Network, for example, faculty provide live classroom observations for pre-service students. University students report these observations and follow-up discussions with the classroom teacher are among their most valuable field experiences.

As many as 50 university students each year choose a school volunteer placement through the Center for Field Services and Studies to meet the practicum requirements of a course or to fulfill community service hours. Others work as tutors and mentors in Center programs for at-risk high school youth. In so doing, these students explore teaching as a profession and the university fulfills its mission of regional revitalization.

Conclusion

Public education at all levels is beset by difficulties: limited resources, changing demographics, veteran faculty, a knowledge explosion, critics on all sides, and initiatives from the private sector to supplant tax-funded schools. For public schools and universities, the challenge is the same: to achieve excellence and endure as the essential educational system in this country. Survival requires a shared recognition of the inherent links between public elementary, secondary, and higher education, and a shared commitment to work together across all levels for the common goal of educational change and improvement.

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* Excerpt from "Partners in Educational Change: A School University Model That Works" by Judith A. Boccia, University of Massachusetts-Lowell. *Teaching Education,* Vol. 7 No.1.

The partnership model developed by the Center for Field Services and Studies at the University of Massachusetts-Lowell offers such a collaborative vision, and provides examples of ways in which one university and more than 20 school districts have succeeded in pooling resources and expertise in the common cause of better public education.

When a university sees its own future in the quality of K-12 education, the incentive to share its resources and support teacher growth and student learning is clear. When public school teachers and administrators feel valued by their counterparts in higher education, and committed to the same goals, the motivation to work together for change grows. The payoff comes in improved education at all levels, as professors and teachers, university students and school children, teach and learn together.

Here's a New Initiative being undertaken by the
School-Community Partnerships Committee, of the
Los Angeles County Childrens Planning Council

2. ENHANCING SCHOOL AND HIGHER EDUCATION CONNECTIONS

The Need

The crisis in public education and the aspirations of institutions of higher education are inextricably intertwined. For all educational institutions, demands for greater productivity and efficacy are increasing -- so is widespread criticism of their failure to play effective roles in addressing the growing problems of children, families, communities, and the business world. Increased criticism has generated calls from legislators and the general public for draconian changes in education at all levels. At the same time, these institutions continue to pursue experiments with interprofessional training, charter schools, reading, math, and science instruction, community service programs, and so forth. *There has never been a greater need or opportunity for schools and institutions of higher education to work closely together in a comprehensive, cohesive, and well-planned way.*

In Los Angeles County, institutions of higher education and neighborhood schools have a long history of informal and formal relationships. These have included a range of special projects designed to improve schools, programs to encourage college students to volunteer as tutors and mentors, outreach to increase college enrollments, and much more. Some of the activity is designed to advance knowledge, some enriches instruction, and some is done in the interest of service and public relations.

It remains the case, however, that connections between public schools and higher education generally are not part of an overarching policy vision of the many ways the institutions can benefit each other, and the activity is not conceived in programmatic ways. Thus, it is not surprising that most of the activities are ad hoc arrangements, are planned and carried out in isolation of each other, and most are not sustained over time. This results in activity that has not and cannot address the pressing educational and social concerns confronting our society as it enters the 21st century.

The problem does not stem from lack of good intentions. *It is a structural problem.* New policies, models, and mechanisms that create truly reciprocal school and higher education partnerships are needed to address basic educational and social concerns in ways that can produce potent outcomes.

To these ends, a new initiative has been set in motion.

Background to the New Initiative

During the 1995-96 school year, a focus group from local schools and institutions of higher education was convened by Dorothy Fleisher at United Way. The topic for discussion was how both sets of institutions could enhance the nature and scope of their collaborations with mutual benefit. At the outset of the discussion, participants bemoaned how many existing relationships were ad hoc and piecemeal and how often promising projects had to be terminated because researchers' involvement terminated with the end of their brief grants. They went on to explore ways an enhanced system interface could benefit all involved and result in improved educational and social policy and practice. There was unanimous interest in pursuing mechanisms that would enhance and support an expanding network of collaborative endeavors.

- In July 1996, the group became the nucleus of a subcommittee of the Los Angeles County Childrens Planning Council's School-Community Partnerships Committee.
- In keeping with its mission, the group adopted the name *Subcommittee for School and Higher Education Connections.*

Statement of Purpose

The group's initial statement of purpose contains the following preamble:

- Schools and institutions of higher education have shared responsibility for development of healthy, educated and productive citizens to ensure the well-being of our communities and society.
- Toward these ends, a rich array of connections has evolved between some colleges/universities and schools. Nonetheless, most efforts remain piecemeal and fragmentary -- depending on personal relationships rather than institutional policy commitments.
- More comprehensive, integrated approaches that weave together the resources of these institutions are required if we are to effectively address the needs of communities and society as a whole.

Based on this perspective, the group adopted as its purpose that of serving as a catalyst to facilitate a new initiative for enhancing school and higher education connections. It is envisioned that truly reciprocal institutional partnerships will result in:

- improved understanding and awareness of respective needs and resources
- strengthened educational institutions at all levels
- an expanded number of people, groups, and organizations mobilized to make a difference in addressing barriers to learning and promoting growth and development of productive citizens
- integrated community support resources to optimize family integrity and student learning at all levels
- school and higher education collaborations that are more potent in their efforts to enrich learning and advance knowledge.

These ends will be achieved through a number of activities including (but not limited to):

- promoting an understanding of a broad perspective of the roles and functions of participating institutions
- bringing stakeholders together to work on common problems and issues
- development of strategies for effective change in policy and practice.

Next Steps

As the first step in setting this new initiative in motion, the subcommittee undertook the task of contacting all school districts and institutes of higher education within the boundaries of Los Angles County. A survey was sent to begin

>mapping connections and activities >identifying collaborative mechanisms >clarifying sources of support.

The next steps call for creating a county wide steering committee and four subcommittees to implement regional work groups.

3. *Wellness Project: University of Louisville*

This model program is designed to move beyond crisis intervention to promote student success through wellness for urban children and families. The model is grounded in current research that supports the need for urban schools to move beyond academic roles toward integrated delivery of social, health, mental health, and educational support services. (Information Sheet, Center for the Collaborative Advancement of the Teaching Profession, School of Education, University of Louisville, May 1994)

Contact: Dr. Ric Hovda. Center for the Collaborative Advancement of the Teaching Profession. University of Louisville. Louisville, KY 40292. Phone: (502) 852-6471

4. *Nation of Tomorrow: University of Illinois/Chicago*

This project is a partnership among the University of Illinois, four low-income, racially isolated black and Hispanic communities in the city of Chicago, and a target elementary school in each of the four communities. The project is grounded in two complementary perspectives: an ecological view of children's learning and development; and institutional collaboration that involves joint knowledge development and problem solving. It targets four primary institutions in children's lives -- family, school, community child care and youth programs, and primary health care agencies. The purpose of the project is to enhance the capacities of and the functional relationships among multiple institutions with which children in these communities interact from early childhood through at least early adolescence so that they may better promote the learning and development of these children.

Contact: Dr. Lascelles Anderson. Center for Urban Educational Research and Development. University of Illinois. 1040 Harrison Chicago, IL 60607-7133. Phone: (312) 996-5161

5. *At-Risk Mentoring (Los Angeles, CA)*

The collaborators in this project include the Joint Educational Project, University of Southern California, University of California - Los Angeles, California State University - Los Angeles, and Los Angeles Community College, and California Campus Compact. The program is called Los Angeles Partners in Learning (LAPIL) which aims to help at-risk youth gain self-confidence, overcome educational barriers, and be exposed to positive role models during the transition period from elementary to junior high school. The Joint Educational Project works with schools to identify potential dropout students to participate in the mentoring program. A JEP Program Assistant recruits non-academic volunteers, students from sociology, communication, and psychology as mentors to work with at-risk students who have been identified by the schools.

The mentors are required to attend a 11/2 hour training session in which they are instructed on how to establish academic and personal relationships. They also receive information about the program goals and expectations.

Weekly journals and academic questions for students participating from specific departments are also required. Mentors spend two hours a week in school and participate in one outside activity each moth with their mentees for one year during their transition from 6th to 7th grade. During this time, the hope is that mentors will begin to provide the much needed support, confidence building, positive role modeling, and motivation which is so necessary for young people at this point in their lives.

Contact: The Joint Educational Project. Office of Urban Affairs. College of Letters, Arts, and Sciences. University of Southern California. Los Angeles, CA 90089-0471. Phone: (213) 743-7698.

6. Parent Education -- Interactive Learning Environment (Brooklyn, NY) Bank Street College, Local Schools, and the Center for Children and Technology*

Partnerships, by definition, depend on some form of community involvement...The following description details one of the more unusual means of involving community members, parents, and others in partnership endeavors. This project demonstrates successful effort to involve parents in activities that help support educational reform.

The primary partnership is comprised of the school district, Bank Street College, and the Center for Children and Technology (CCT). Most partnership meetings involve the members of the design team, comprised of the project director, the science and mathematics coordinators for the district, principal and teacher coordinators from the school, and staff from the CCT. The CCT staff assist with the instructional design of the program and staff development, and also are the researchers and evaluators for the project. Other partnership advisory board members are available as needed to provide technical assistance and staff training. The math and science coordinators spend half of their time on ILE-related activities. They develop new strategies and provide support to other teachers who were beginning to work with the technology. Teachers, once they mastered new technologies, promote the program and train administrators and other teachers.

The Interactive Learning Environment (ILE) is a district wide project serving middle school students and their parents. It is intended to strengthen and expand district administrator, teacher, student, and parent use of technology in the improvement of education. Further, increasing parent computer literacy is seen as a means of making parents more comfortable discussing their children's work with teachers and their children.

Parent Education: Word processing courses are held for parents at the middle school. The parent computer course component is included both to encourage more parent involvement in the schools and to increase the value parents attached to their children's computer studies. Parent education work toward goals of building internal school capacity for sustained innovative use of computer-based technologies in order to regularly enrich the learning experiences of disadvantaged students. Participating parents learn word processing skills. Working parents reported being given more opportunities at their places of employment as a result of participating in the program. Unemployed parents saw this as a means of increasing their marketability. After completing the course, several parents purchased or expressed plans to purchase home computers. Finally, school staff reported increases in parent-initiated contacts. Parents also reported increased comfort in communicating with school teachers and administrators.

The parent training program is a successful program component. The parent computer course is included in the program for two reasons: to encourage more parent involvement in the schools; to increase the value parents attached to their children's computer studies. Both of these outcomes work toward the goal of building the internal school capacity for computer technologies to improve the learning experiences of students.

Contact: Heidi Dien Ludwig, project director. Community School District #18. 755 East 100th St.
Brooklyn, NY 11236. Phone: (718) 927-5100

* Summary from "A Guide to Promising Practices in Educational Partnerships April 1996". Website address: http://www.ed.gov/pubs/Prom/Pract/prom11.htm

7. California State University, Northridge K-16 Collaboration Efforts.

Cal State Northridge is involved in a wide variety of collaborative efforts with the public schools. These efforts range from one day events, to individual faculty working with a group of students, to multifold collaboratives with a cluster of schools. These collaboratives are each coordinated by steering committees made up of faculty and administrators from both CSUN and K-12. This kind of collaboration is designed to articulate curriculum K-16 and enhance educational opportunities for all students. The activities fall into seven basic categories:

University-wide collaboratives such as those with Granada Hills Magnet School and the Grant/Van Nuys Cluster involving faculty from many departments across campus and include a number of activities. They include on-going student use of campus facilities, professional development for teachers, single event lectures on the campus, outreach and recruitment activities, data collection and analysis, collaborative grant writing, and collaboration between CSUN math faculty and High School math teachers to reduce the need for remedial math courses at the University.

Outreach and recruitment activities are carried out by individual schools and departments in addition to the activities of the Office of Outreach at Cal State. They include various programs directed specifically at minorities, such as tutoring and readiness support provided by the School of Education, and music instruction programs that are intended to both prepare and attract students to the music program.

Sponsored short-term events for K-12 students on the Cal State Campus include such events as a show of K-12 student art, jazz festivals for students, chamber music sessions, training of at-risk students for the LA marathon by the Department of Kinesiology, and the Future leaders of America Conference sponsored by the School of Humanities.

Individual and small groups of CSUN faculty work with teachers and/or students in the public schools. This work takes the form of collaborative grant writing, sponsorship of a few high school students to work in the chemistry labs, carrying out a multi-week seminars for high school girls intended in science and engineering, teaching developmental English courses in a high school, developing curriculum with the English teachers in the correctional facility at Chino, a tea for foreign language teachers.

Formal Projects to benefit K-12 teachers include activities designed for teacher development and delivered by the faculty at CSUN. They include the California Arts project, the Model UN Day, the Southern (California History Meeting at the Autry Museum and the FATHOM and Viz-Math math project. These projects may range from a day in length to several years. What they all have in common is a focus on the enhancement of content knowledge and pedagogical skills in K-12 teachers.

The public schools provide opportunities for the students at Cal State Northridge to gain valuable professional experiences. Faculty reciprocate as well; currently two elementary teachers are serving on a committee to review the Liberal Studies Program which is the traditional undergraduate major for persons planning to be elementary teachers.

California State University, Northridge
K-16 Collaborative Efforts

Recruitment Activities

1. Minority engineering recruitment
2. Miniority tutoring in School of Ed.
3. Music classes for HS students

K-12 Sponsored Events at CSUN

1. Future leaders of America Wkshop (Humanities)
2. Chamber music concerts
3. Jazz festival for HS students
4. Hosting K-12 student art show

Campus-wide Collaborative

1. PreK-16 Community Collaborative
2. Granada Hills Magnet

CSUN Student Experiences

1. Design of child care center at Monroe HS

CSUN

Activities for K-16 Teachers

1. California Arts Project
2. Model UN Day
3. S. California history conference
4. Tea for foreign language teachers

Individual CSUN Faculty Activities

1. Collaborative grant writing
2. Mentoring HS girls in science and engineering
3. Mentoring students in chemistry lab
4. Faculty-initiated projects in a single school
5. Teacher training programs in math

K-12 Input into CSUN

1. Teachers on Liberal Studies Committee

Examples of InterProfessional Education Programs

Changing Undergraduate- and Graduate-Level Training in Colleges and Universities

excerpt from Sidney L. Gardner, California State University, Fullerton

. . . An increasing number of colleges and universities . . . are trying to expose students to interprofessional activities while continuing to train them in their chosen fields. These institutions recognize that part of the reason for today's fragmented system --where children and families are at times less important than agencies, programs, and disciplines --lies with the way in which institutions of higher education prepare professionals. They "accept the responsibility for changing coursework and practical experience so that students learn to put the needs of families ahead of the demands of agencies, programs, or disciplines." Advocates of interprofessional education do not necessarily seek to replace specialization with a purely generalist outlook on practice. Instead, they seek to build better bridges among disciplines so practitioners schooled in these disciplines can reinforce and support each other in meeting the needs of children and families.

Interdisciplinary activities do not necessarily require elaborate changes in course sequence or design. Progress can be made, for example, simply by having fieldwork supervisors in several disciplines agree to run a series of joint practicum seminars. These seminars would allow social work interns, student teachers, student nurses, and others to understand different perspectives and to consider how closer ties with interdisciplinary colleagues could enhance their own work with children and families. Although still not a fully interdisciplinary curriculum, these opportunities for discussion and exploration can be influential learning opportunities, especially before attitudes are hardened by years in the field.

Reorienting existing courses and seminars to broader themes of collaboration is likely to be more effective than adding new ones. If interprofessional education is merely additive, it produces the same fragmentation now found in the service systems as new programs are added on top of old ones . . . .

Downloaded from the National Center for Services Integration Website

University of Washington

Training for Interprofessional Collaboration Project: TIC is an innovative program designed to bring together master's and doctoral level students from education, social work, public health, nursing and public policy to learn the skills necessary to work as a collaborative interprofessional team. TIC views interprofessional collaboration as a process in which organizations, families and communities with diverse knowledge and resources join in partnership to address issues related to family and community well-being. The TIC Steering Committee is made up of faculty members, staff, and one student. The program has been in existence for three years. This is the last year of external funding, which has been billed as a pilot project for the University. Project staff is working to see that the program is institutionalized. Schools (in the South Central School District and the Central School District) participate as the sites for cohort projects. Schools are also active in helping cohorts decide what kind of projects to pursue, given that they are major stakeholders in the collaboration.

Interprofessional activities include:
In the community: Students enrolled in degree programs are divided into cohorts by discipline and they remain together as cohort members throughout the program. Each cohort meets in the community for a number of weeks during the planning stages of the project. The project that they plan is the on-site integration. The service provided depends upon which project the cohort has decided to work. The cohorts are chosen based upon student interest and background.
In the degree program: Each student involved in the course is required to attend class weekly. The class is designed to teach students how to collaborate effectively. The members of the class meet for a number of weeks, learning about how to effectively provide integrated services for children and families. Then the group splits and the cohorts meet in the community with community members and it is then that they decide on a project that they will endeavor to pursue. Each student involved in the class receives clinical experience through his or her own school (Nursing, Social Work, Education, etc). Involvement in the class helps students to decide upon clinical experiences that are related to their class experience.

Contact: Dr. Richard Brandon. Human Services Policy Center. University of Washington 324 Parrington Hall DC-14 Seattle, WA 98195. Phone: (206) 543-0190

Fordham University

National Center for Social Work and Education Collaboration. The purpose of the program is to engage social workers and teachers to work together to provide needed services to children and their families. Collaborators include: California State University of Northridge, Boston College, Clark Atlanta University, Eastern Washington University, Howard University, Wayne State University, University of Utah, Washington University, and University of Houston. Participating universities conduct three interrelated programs: the university collaboration program, a public school services program, and a regional leadership program.

Contact: Dr. Carolyn Denham, National Center for Social Work and Education Collaboration. Fordham University. 113 W. 60th, Ste. 704. New York, NY 10023. Phone: (212) 636-6699

University of New Mexico

Linking Schools and the Health and Human Service Professional. Building upon recent state and local collaborative initiatives, this project developed and implemented a community-based, collaborative preservice program for interns from education, community health education, and family studies. The program provided professional development interaction between school and agency personnel working with the intern program. Interns from all three programs had 25 percent of their field experience devoted to collaborative training.

Contact: Dr. William Kane. College of Education, University of New Mexico. Albuquerque, New Mexico, 87131. Phone: (505) 277-2231

Jackson State University

Project TEACH: (Teacher Education: Advancement through Collaboration with Human Services) is to strengthen the Teacher Education Program at Jackson State University and in the agencies of the participating partners by collaborative ventures among Jackson State University, the public schools and Mississippi's human and social services agencies. The community is served by the program in conjunction with the social service agencies and the schools. Pre-service and in-service teachers are given insight into the kinds of services that social and human services agencies provide. The schools participate by accepting and training student teachers. In-service teachers attend yearly conferences with social and human services personnel to learn more about the services provided. Activities include:

In the community: student teachers offer assistance to practicing teachers and students regarding social services. Pre-service teachers, after doing internships with social service agencies, do their student teaching in schools, advising teachers about the services that agencies provide.

In the degree program: There is a module of courses offered that require a social services internship. The internship cannot be done without one of these courses.

Contact: Dr. Walter Crocket. Counseling and Human Resources Education. Jackson State University. PO Box 17122. Jackson, MS 39217. Phone: (601) 968-2433

University of Pennsylvania

University-Assisted Community Schools: This project is based on Penn's work in the West Philadelphia Improvement Corps (WEPIC) which is a school-based school and community revitalization movement that is working with public schools and in the economically and socially distressed area surrounding the University of Pennsylvania. The project includes the following: creation of university-assisted community schools by Miami University (work in Cincinnati, Ohio), the University of Kentucky-Lexington campus, and the University of Alabama at Birmingham; technical assistance by Penn staff to the replication sites and other interested universities; an on-line database on school-college partnerships nationwide; a newsletter and the journal, Universities and Community Schools; and a series of national conferences on community school issues. Replication sites include:

- School of Education and Allied Professions, Miami University.
- Dept. of Family Studies and Social Work, Miami University.
- Center for Urban Affairs, University of Alabama
- University of Kentucky/Lexington

Contact: Ms. Joann Weeks, Director WEPIC Replication Project University of Pennsylvania.
3440 Market St., Ste 440 Philadelphia, PA 19104.
Phone: (215) 898-0240

San Francisco State University (California)

The Integrated Services Specialist Program (ISS): ISS is a federally funded Professional Development Partnership Program to provide academic and field work educational offerings to individuals who wish to work in integrated and collaborative human service delivery settings. It is a graduate level certificate program in which students acquire competencies related to the delivery of comprehensive school-based or school-linked services for students at-risk and with disabilities in the public school system.

The interdisciplinary program includes a 19-unit, three-semester sequence of courses and field experience. Students apply course content to supervised field placements that are in school-based or school-linked collaboratives in the San Francisco Bay Area. In addition, they participate in inter-disciplinary exchanges between experienced professional classmates in an intimate seminar environment.

Contact: Dr. Patricia Karasoff, Director of Training. ISS. San Francisco State University. California Research Institute. 14 Tapia Dr. San Francisco, CA 94132. Phone: (415) 338-1162

Texas A & M University/University of Oklahoma/Bronx Community College/ Miami University(Ohio)

School Leaders Program: The Program consists of four school/ university/ community partnerships which are developing new interrelationships of school, health, and family services as well as identifying ways in which provision of these services can be improved. They are working on preparing and developing educators who are able to work collaboratively with professionals in other health and human service fields.

Contact: Donna Wiseman/ Mary Ann McNamara. School of Education. Texas A & M University. College Station, TX 77843-4222. Phone: (409) 845-0560. Frank McQuarrie, Director of Field Experiences College of Education. University of Oklahoma. 780 Van Vleet Oval, Rm 126 Norman, OK 73109. Phone: (405) 325-4844

State University of New York (Buffalo, NY)

Health and Human Services (Social Sciences Interdisciplinary B.A.): This is an academic program exploring health care and human services from an interdisciplinary perspective. Each of the Degree Programs offers a curriculum which allows students to combine coursework from three or more departments in the Faculty of Social Sciences. There are also options to incorporate courses from other areas of the University allowing students to obtain a broad range of skills and education. Most of the Interdisciplinary Degree Programs include an opportunity for field work or an internship experience.

Contact: Dr. Norman Baker. Director. Interdisciplinary Degree Program in the Social Sciences. 642 Baldy Hall. State University of New York.
Phone: (716) 645-2245.

Texas A & M University. (College Station, Texas)

ATE Commission on Leadership in Interprofessional Education: The ATE Commission on Leadership in Interprofessional Education is a 55-member group representing ten professions serving children and families. Everyone is engaged in integrated services and interprofessional training. The service that the commission provides is primarily in the area of technical assistance to various projects and institutions to help them improve the services that they provide to families and children. The commission also suggests legislation and writes concept papers on subjects pertaining to integrated services and/or interprofessional training.

Interprofessional activities include:
In the community: Integration occurs at meetings where members come together to discuss specific projects and position papers. One of the main themes is determining what each profession needs to know about other professions in order to build bridges and provide integrated services to children and families. Each of the interprofessional training projects that is involved with the commission, has clinical components to their programs.

Contact: Dean Corrigan. Chair, ATE Commission on Leadership in Interprofessional Education. Commitment to Education. Texas A & M University. College Station, TX. 77843-4241

University of Hawaii (Honolulu, Hawaii)

Healthy and Ready to Learn The program offers preventive healthcare, education, and social support services provided by University of Hawaii School of Medicine pediatric and ob-gyn residents and an interprofessional team made up of a nurse practitioner, an early childhood educator, and a social worker to at-risk children from birth to five years of age and their families. The program began in February 1994. The program administrators are anticipating and planning for coordination of services with the schools. They are in the process of making preliminary linkages with the schools. There are a number of teenage pregnant women who are involved with the Healthy and Ready to Learn Project.

Activities include:
In the community: The on-site integration occurs in the magnet activities. These are meetings where the professionals get together to talk about the families that are being served. The meetings allow for the opportunity for professionals to give input concerning the families in their area of expertise.
In the degree program: The Health and Education Collaborative (the training component of Healthy and Ready to Learn) provides training for pediatric and ob-gyn residents to provide preventive healthcare. The pediatric and ob-gyn residents gain their clinical experiences providing preventive healthcare to families in rural Oah'u.

Contact: Sharon Taba, Healthy and Ready to Learn. Honolulu, Hawaii 96814.
Phone: (808) 536-7702. Fax: (808) 528-2376

University of Southern California (Los Angeles, California)

Interprofessional Initiative: The program seeks to provide family-centered, integrated services (education, health, and human services) to children and families in South Central Los Angeles. Students participating in the course (co-taught by faculty from social work, education, nursing, and public administration) are undergraduate and graduate students from nursing, social work, psychology, public administration, and education. The schools serve as operational sites for pre-professional teams. Each site has one full team of interns (from various disciplines), the tasks performed vary depending upon the site, the team, and the intern. Pre-professionals work with school staff to aid their servicing of students, they work directly with students to provide and/or coordinate services, and they work as researchers to determine what is happening in schools regarding integrated services and what needs to be done. Activities include:

In the community: interdisciplinary teams of pre-professionals from education, social work, public administration, nursing, dentistry, and sociology coordinate services at a number of school and health and human services sites.
In the degree program: There is also a curriculum (eight different courses are offered) that stresses integration among professionals. For example, a course was offered in the fall semester titled, "Seminar in Integrated Services for Families and Children."

Contact: Stephanie Taylor-Dinwiddie. U.S.C. Waite Phillips Hall of Education. Suite 303EM. Los Angeles, CA 90089-0031. Phone: (213) 740-3279. Fax: (213) 746-8142

University of Louisville (Kentucky)
Center for the Collaborative Advancement of the Teaching Profession: The program has the goal to enhance services available to the school community by creating opportunities for inter-disciplinary service planning and delivery. The goal is to shift from crisis intervention to prevention. Schools serve as sites for integrated services. School personnel serve as members of the inter-disciplinary teams that serve the school population. Opportunities are provided for pre-professionals to participate on interdisciplinary teams providing direct services to youth.

Activities include:
In the community: Professionals from a number of disciplines (education, social work, law, and medicine) coordinate services for K - 12th grade students at three urban schools.
In the degree program: Cross-professional experiences are offered to graduate students from the Schools of Social Work, Education, Nursing, Medicine, and Business.

Contact: Ric Hovda. Center for the Collaborative Advancement of the Teaching Profession. University of Louisville. Louisville, KY 40292. Phone: (502) 852-0582.

California State University, Fullerton
Center for Collaboration for Children: The program caters to many who are already working within the community. Participants take what they are learning and can immediately implement it with the community via the services they provide. Some schools participate by virtue of the fact that their employees are enrolled in the courses. Schools often act as praticum sites. In the first course, only a site visit is required. In the second course, students spend intensive time in integrated services settings (i.e Healthy Start sites or community-based organizations).
Activities include:
In the community: Students participate in all service activities at the particular site they have selected for their practicum. This can range from policy work to actual services being rendered onsite. Students come from various fields (i.e. criminal justice, nursing, education and social work); they use their own expertise to enrich the collaborative work being done on site.
In the degree program: The program offers seminar-style courses, with a great deal of interaction among the participants. Additionally, the readings required for the course come from many disciplines and team teaching is done by professors from at least four different academic disciplines.

Contact: Sid Gardner. Center for Collaboration for Children. California State University, Fullerton. EC 324. 800 North State College Blvd. Fullerton, CA 92634.
Phone: (714) 773-3313.

Miami University (Oxford, Ohio)

The Institute for Educational Renewal: The program began in 1990, with eleven school communities participating. Schools and the social service system are partners in collaboration. For one semester (fifteen weeks), Education students work with social workers, health care professionals, and teachers in a school setting learning to provide the most complete service for children and their families. The services provided vary according to the site. They are sites of school/community consortia, family support and housing services, economic development and neighborhood revitalization.

Activities include:
In the community: Groups of students and faculty from social work, health, and education areas work together to provide services for children and their families in school settings. In one high school, a school-based health education program is offered to adolescents. In a middle school, fifteen service providers representing several health and social service agencies have been co-located.
In the degree program: The training focus is academically-oriented public service. The purpose of the public service performed by pre-professionals is to provide them with the skills necessary to provide integrated services to their students.

Contact: Randy Flora, Director. McGoffey Hall, Miami University. Oxford, OH 45056. Phone: (513) 529-6926

University of Pittsburgh (Pennsylvania)

Child Welfare Interdisciplinary Studies /Program Office of Child Development: The Office of Child Development (OCD) coordinates $7 million/year of collaborative projects covering a variety of areas i.e., comprehensive family support, early intervention, and tracking of high-risk infants. Schools participate in specific projects with university faculty and students. As part of the training grant provided to the program, all students involved in social, health, and human service programs do internships in public and private agencies related to children and families. With funding from OCD, the Program has also developed a policy and evaluation office. The office conducts evaluations of a number of community projects and serves as a consulting source for agencies on evaluation. The program has also conducted self-evaluations and made programmatic changes based upon these evaluations.

Activities include:
In the community: There is collaboration among the University of Pittsburgh faculty who have interests in issues related to children and families. The collaboration on site involves the clinical experiences of the upper undergraduate and graduate level students from a number of disciplines who provide services directly to the community.
In the degree program: There are courses designed specifically to be interdisciplinary. These courses are in a number of different training areas (i.e. education, psychology, nursing, social work).

Contact: Mark Strauss, Associate Director. Office of Child Development. University of Pittsburgh. 121 University Place. Pittsburgh, PA 15260. Phone: (412) 383-8973.

The Interprofessional Commission of Ohio (ICO) (Columbus, Ohio)

The program began in 1973 involving seven disciplines; as of 1995 there are fifteen disciplines. The schools participate as recipients of services from various teams and individuals from the University. The schools send individual teachers and teams of teachers to participate in interprofessional seminars on issues related to children and their families. Services provided to the community are in the form of research, information dissemination, and direct services provided by professionals and pre-professionals to the children and families of Ohio. This program is unique in that it also provides services to professional associations in the area of improving collaboration among professions. Specifically, the commission provides interprofessional planning, training and education for communities, institutions and agencies interested in collaboration.

Activities include

In the community: The commission coordinates university service efforts to the community. There are fifteen disciplines (education, law, medicine, nursing, social work, theology, psychology, etc.) that work directly with communities in areas of health, education, economic growth and human services.

In the degree program: There is a classroom component in which students are offered courses that are designed to benefit students from a number of disciplines. For example, there is a course in the planning stages called community development. The course is designed to prepare students from a number of disciplines to participate in community development using their various professional expertise in conjunction with other professionals.

Contact: Luvern Cunningham, Consultant. ICO. 1501 Neil Avenue, Suite 104. Columbus, OH 43201. Phone: (614) 337-1334.

Combined Specialty Training in Counseling, Clinical, and School Psychology: A Model of Interprofessional Training*

The specialties of clinical, counseling, and school psychology have traditionally had much in common... In recent years,... forces within both the science and the practice of these specialties suggest the presence of certain advantages of reuniting, in a limited and practiced way, the scientific and practical foundations of the specialties.

... In an effort to address the decreasing distinctiveness of specialty designations, combined scientific-professional training programs encompass elements of training experience from two or more of the recognized specialties. These programs offer, within a single degree, the breadth of experiences necessary to establish at least minimal competence in working with the populations represented by more than one of the specialties. "Combined" training emphasizes that the realities of postgraduate employment require that professional psychologists of any specialty be trained as broadly as possible in order to support yet unknown and ever changing employment requirements.

... There are two different types of training offered under the combined training model. One form of this training model embodies what might be described as "nonspecialty" training, whereas the other offers "specialty" training. Neither model typically provides more than limited subspecialty training, and in the case of the nonspecialty training, students typically come to identify themselves with two or more of the accepted specialty areas -- they may be both counseling and school psychologists.... These specialization experiences are designed to provide generalist training within a specialty area that is comparable with that enjoyed by students in traditional program. The distinction between this type of training and the traditional type may be more in the socialization processes than in the curriculum. The socialization of "combined-specialty" students is one that is designed to expose each student to both the common and the distinctive aspects of his or her specialty by sharing a common training environment.

... the combined specialty-training model assumes that there exists a common corpus of knowledge that cuts across all three specialties, that this body of knowledge can be taught in a graduate training program, and that this corpus of knowledge and skill can serve as a foundation both for predoctoral specialization and for postdoctoral training in a more narrowly defined area of subspecialization.

The emphasis on breadth rather than depth of psychological knowledge ensures that combined specialty-training will address the multiplicity of interests that many students have in applied psychology, will prepare multiskilled and knowledgeable practitioners for a multidimensional service or academic career, may increase graduates' marketability (Hamilton, 1987), and may increase the graduate's flexibility to move from one domain of research and practice to another. It is also expected that training with students from other specialties will increase graduates' exposure to the other specialties' systematized and enculturated language, which Watkins (1990) has pointed out is crucial in their socialization as professionals. This blurring of professional distinctions may improve inter-specialty working alliances and will provide an apt foundation for in-depth training in a subspecialty in a postdoctoral program.

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* Excerpt from L.E.Beutler & K. Fisher (1994). "Combined Specialty Training in Counseling, Clinical, and School Psychology: An Idea Whose Time Has Returned." *Professional Psychology: Research and Practice, 25(1),62-69*

... Weaknesses of the combined specialty-training program include the possibility that graduates may not acquire sufficient subspecialization to adequately compete if they do not pursue postdoctoral training, and they may be asked to become familiar with methods and populations in which they will have no interest and no further contact during their professional careers. Additionally, the level of exposure to various skills and populations may still be insufficient for students to provide highly proficient service outside of their own specialty area....

Summary

... Both the expansion of subspecialties and the concomitant merging of the populations and procedures targeted and used by those in the various specialties have argued for a more effective model for producing scientist-professionals who are equipped to handle the multiple demands of the mental health workplace. The combined specialty-training model, coupled with postdoctoral training, may both better meet the needs of students whose interests cross the traditional distinctions among the specialties and better address the needs of a society whose need for special skills and knowledge is shifting much of the burden for subspecialization training to the doctoral years. The combined specialty-training model does not offer simply generic experiences and competencies. In addition to training to at least minimal levels of competence in skills and concepts that cut across the traditional specialties, combined programs typically provide students with the experience needed to develop entry-level expertise for working with the client populations and settings represented by one of the traditional specialties. Its main difference ... is that it stresses breadth of learning over depth at the doctoral level and values the importance of being exposed to a socialization process that actually includes other traditions as opposed to simply learning about alternative traditions and roles. Through this, it may be anticipated that students will develop not only a broader array of skills and professional experiences to address the job market, but a greater tolerance and acceptance for other professionals and traditions as well.

References:

Hamilton, M.K. (1987). Some suggestions for our chronic problem. *The Counseling Psychologist, 15, 341-346.*

Watkins, C.E. (1990). Theory and practice: Reflections on uncomplemented philosophies, integrated curriculums and words that bind and separate in counseling and clinical psychology. *Counseling Psychology Quarterly,* 3, 101-108.

Agencies, Organizations and Advocacy Groups and Internet Resources Related to School-based Collaborative Teams and School-Community-Higher Education Connections

National Center for Services Integration
Website Address: http://eric-web.tc.columbia.edu/families/TWC/ncsi.html

The National Center for Services Integration (NCSI) is funded by the U.S. Department of Health and Human Services and private foundations to improve life outcomes for children and families through the creative integration of education, health, and human services. The Center is a collaboration of six organizations: Mathtech, Inc., the Child and Family Policy Center, National Center for Children in Poverty, National Governors' Association, Policy Studies Associates, and the Yale Bush Center. The primary purpose of NCSI is to stimulate, guide, and actively support service integration efforts throughout the entire country. NCSI has undertaken a variety of activities through its Information Clearinghouse on Service Integration and a Technical Assistance Network.

The Clearinghouse, operated by the National Center on Children in Poverty at Columbia University, collects and disseminates information and materials on service integration issues and related topics. They have developed a computer directory of service integration programs, a separate directory of organizations, and an extensive research library collection that can provide information and support to community-based programs.

Information Clearinghouse on Service
Integration. NCCP
154 Haven Avenue
New York, NY 10032
Phone: (212) 927-8793

National Center for Services Integration
Mathtech, Inc.
5111 Leesburg Pike, Suite 710
Falls Church, VA 22041

Office of Educational Research and Improvement Centers and Laboratories
Website Address: http://eric-web.tc.columbia.edu/families/TWC/nerdc.html

The Office of Educational Research and Improvement (OERI), U.S. Department of Education, helps educators and policymakers solve pressing education problems in their schools through a network of 10 regional educational laboratories. Using the best available information and the experiences and expertise of professionals, the laboratories identify solutions to education problems, try new approaches, furnish research results and publications, and provide training to teachers and administrators. As part of their individual regional programs, all laboratories pay particular attention to the needs of at-risk students and small rural schools.

A Guide to Promising Practices in Educational Partnerships
Website Address: http://www.ed.gov/pubs/PromPract/index.html

This website is sponsored by the Office of Research and Educational Improvement (OREI) and compiled by the Southwest Regional Laboratory (SWRL) and the Institute for Educational Leadership (IEL). The guide includes examples of two types of practices: practices that support partnership building, and practices that represent partnership activities. The examples cover a range of topics such as: educational and community needs assessments; approaches to project staffing; approaches to recruiting partners and volunteers; staff development for social service agency, school, and business personnel; student support services; activities involved in school-to-work transition programs, including job skills workshops, job shadowing, and internships; and community involvement, including parent education and "town hall" meetings.

Center for Community Partnerships
Website Address: http://www.upenn.edu.ccp

This center has an online data base on school-college partnerships nationwide.

Contact:
Ira Harkavy
Penn Program for Public Service
University of Pennsylvania
133 South 36th St., Suite 519
Philadelphia, Pennsylvania 19104-3246

Higher Education Curricula for Integrated Services Providers
Website Address: http://www.tr.wosc.osshe.edu/isp/i_serv.htm

The purpose of the project is to assist selected colleges and universities to develop educational offerings that will cross-train their students in the various disciplines of medicine, education and social services so that upon completion they can affect integrated services at the local level. The National Commission on Leadership in Interprofessional Education was a co-developer of this grant.

Contact:
Dr. Vic Baldwin
Teaching Research Division
Western Oregon State College
345 N. Monmouth Avenue
Monmouth, OR 97361
Phone: (503) 838-8794

Institute for Educational Leadership (IEL)

IEL is a nonprofit organization dedicated to collaborative problem-solving strategies in education and among education, human services, and other sectors. The Institute's programs focus on leadership development, cross-sector alliances, demographic analyses, business-education partnerships, school restructuring, and programs concerning at-risk youth.

Contact:
Jacqueline P. Danzberger, Director of Governance Programs
1001 Connecticut Avenue, NW, Suite 310
Washington, DC 20036
Phone: (202) 822-8405

School-Linked Comprehensive Services for Children and Families
Website Address: eric-web.tc.columbia.edu/families/School_Linked/

This resource identifies a research and practice agenda on school-linked, comprehensive services for children and families created by a meeting of researchers/evaluators, service providers, family members and representatives from other Federal agencies. It summarizes the proceedings from a 1994 conference sponsored by the Office of Educational Research and Improvement (OREI) and the American Association of Educational Researchers (AERA).

Child and Family Policy Center

The Child and Family Policy Center is a state-based, policy-research implementation organization. The Center's mission is to better link research with public policy on issues vital to children and families, thus strengthening families and providing full development opportunities for children.

Contact:
Charles Bruner, Executive Director
100 Court Avenue, Suite 312
Des Moines, IA 50309
(515) 280-9027

Collaborative Teams, Cross-Disciplinary Training, & Interprofessional Education Consultation Cadre List

Note: Listing is alphabetized by Region and State as an aid so you can find and network with resources closest to you.

Our list of professionals is growing daily. Here are a few names as a beginning aid.

Central States

Iowa

Carol Hinton
Adolescent & School Health Coord.
Iowa Department of Public Health
Div. of Family & Com. Health
Lucas State Office Bldg.
3rd Floor, 321-E. 12th St.
Des Moines, IA 50319-0075
Phone: 515/281-6924
Fax: 515/242-6384

Phillip A. Mann
Clinical Professor
Seashore Psychology Clinic
Department of Psychology, E11SH
University of Iowa
Iowa City, IA 52242
Phone: 319/335-2468
Fax: 319/335-0191
Email: philip-mann@uiowa.edu

Kansas

Joyce Markendorf
School Health Consultant
KS State Dept of Health & Environment
900 S.W. Jackson
Topeka, KS 66612-1290
Phone: 913/296-1308
Fax: 913/296-4166

Michigan

Nancy Adadow Gray
Director, Family
Counseling/Comm. Mental Health Serv.
A.C.C.E.S.S.
2601 Saulino Court
Dearborn, MI 48120
Phone: 313/843-2844
Fax: 313/842-5150

Minnesota

Richard Duffin
Associate Director
Health Start, Inc.
590 Park Street, Suite 208
St. Paul, MN 55103
Phone: 612/221-1236
Fax: 612/221-3946

Minnesota (cont.)

Elizabeth Latts
Information Specialist
Natl. Center for Youth w/
Disabilities
Adol. Health Prog.-Univ. of MN
Box 721, 420 Delaware St., S.E.
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Example of an ERIC Digest*
ERIC Clearinghouse on Educational Management, Eugene, Oregon
http://www.ed.gov/databases/ERIC_Digests/ed339111.html

Building Relationships between Schools and Social Services

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an ERIC Digest: Number ED339111

Public schools and social service agencies often serve the same clients and have the same goals. Both also have too few resources to adequately respond to the myriad problems facing children and families today. If schools don't collaborate with social service agencies, schools will end up assuming responsibility for problems that go well beyond their educational scope. It is, therefore, in the interest of schools to take the lead in establishing a collaborative process with social service agencies.

This Digest contains recommendations addressed to administrators, school board members, teachers, and support staff who want to start a collaborative process in their community. It is up to administrators of participating schools and agencies to provide time for staff members to work on joint ventures.

WHAT IS THE FIRST STEP IN BEGINNING A COLLABORATIVE PROCESS?

Find out about agencies in your community. The National Collaboration for Youth (1990), in highlighting lessons learned from over 350 Town Summit Meetings across the country, said that respondents consistently reported how little they knew about what was going on in their own communities. Many were surprised to discover other groups and organizations that were concerned about or working on the same problems.

HOW ARE PARTICIPANTS SELECTED, AND HOW SHOULD THEY BE APPROACHED?

Most experts suggest meeting one-on-one, initially, with individuals from different agencies. How do you select the players? Make a list of agencies that you can envision interacting with your school, then invite one person from each agency to coffee. Some schools select people for public spiritedness or the ability to 'give and take.' Others choose heads of agencies since it is useful to work with a person who has decision-making authority.

Communicate positively. You might say, "What would you think if we did this?" or "We want to do a better job, be a better partner to you." Ask questions to be sure you understand the other person's point of view (thereby making it more likely they'll want to hear your view). Ask agency people if they have anything they would like to tell your personnel--and assure them you are willing to hear criticism.

Most importantly, remember that relationships must be reciprocal. Find out what would make working together a win-win situation for both of you. You might ask, "What is it that you need out of this?"

WHAT TIPS ARE THERE FOR MEETING WITH THE WHOLE TEAM?

After getting together individually, call a meeting of all interested participants. Choose a comfortable setting and talk about what each agency and individual has to offer to your central goal or vision. Then ask, "Is this an idea we want to pursue?" If so, work on creating common beliefs and goals.

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* For more information about ERIC (The Educational Resources Information Center).
Contact: 1-800-LET-ERIC. This publication was prepared with funding from the Office of Educational Research and Improvement, U.S. Department of Education, under contract No. OERI RI88062004. The ideas and opinions expressed in this Digest do not necessarily reflect the positions or policies of OERI, ED, or the Clearinghouse.

A collaborative venture involves being committed to a common agenda. Melaville (1991) suggests developing a broad shared vision and a practical one that outlines major goals and objectives and links vision with reality. You might begin by asking, "How can we improve what we're already doing?" Consider presenting objectives from each partner's point of view, then look for areas of agreement and be open to compromise.

Here are some other tips to consider:

- Develop good collaborative qualities: Respect the procedures and conventions of the other participants.
- Be flexible. Each of you will probably have to give a little in exchange for the benefits of collaboration.
- Be willing to take risks and make mistakes; see problems as challenges.
- Go into a collaborative venture with a positive attitude.
- Agree to disagree. Disagreement is natural, though you do have to be motivated, dedicated, and committed to each other and your common vision.
- Enter the process with the desire to change the status quo--that is, to alter the way you have worked in the past with children and families.
- Be persistent; stumbling blocks can be overcome.

WHAT IF THERE ARE CONFLICTS OR RESISTANCE?

Every collaborative effort will run into problems at some time. Here are five ways to deal with them:

1. Get top-level commitment. Commitment from key officials for collaborative efforts provides inspiration, incentive, and the assurance of organizational backing.
2. Involve teachers and staff in planning from the earliest possible moment. Let them voice their fears and concerns, and let them know they are heard. If possible, provide training for all staff and administrators.
3. Meet problems head on. "Interagency initiatives that circumvent issues about how, where, why, and by whom services should be allocated, in an effort to avoid turf issues and other conflicts, are likely to result in innocuous objectives that do little to improve the status quo," states Melaville. Try to resolve problems at the lowest possible level first. Or, bring in a neutral party.
4. Understand that, over time, resistance will work to your benefit. Cory Dunn, coordinator of student support services at Linn-Benton Education Service District in Albany, Oregon, says that it takes time for people to feel at ease, speak up about what they are experiencing, and get disagreements and misperceptions worked out.
5. Find ways to share information. Sharing information is something every collaborative effort will have to face at one time or another. First, identify what barriers exist and whether they result from policy differences, differences in terminology, in-house rules that can be changed, or statutory mandates. Then take time to air disagreements and discover areas of commonality and design a release form that details the exchange of specific kinds of information. Use state guidance when necessary; the state can help remove barriers to coordinated delivery of services (Turning Points 1991).

HOW DO WE SUSTAIN OUR RELATIONSHIP?

Go slowly--lay a firm foundation. "Beginning initiatives are often impatient to make immediate headway," says Melaville, "but building a strong foundation takes time and considerable patience." It often takes one to five years to get collaborative projects off the ground (Liontos 1991). In a project in Maryland, school participants had serious concerns about increased workload and other issues (Melaville). The organizers assured them that planning would not proceed if the district had doubts or felt pressured to participate. With this kind of communication, the group was able to resolve key issues during additional meetings and formed a planning committee "only when common ground was firmly under foot."

Pay attention to ownership issues. Whether your venture starts from the top down or bottom up, be sure that your process is an inclusive one. The commitment to change must extend throughout the organizational structure of each participating agency. Be sure that all participants have a part to play in achieving common goals. Clearly assign opportunities to plan and implement action to different individuals and agencies, then hold them responsible for the completion of the activities.

Create a vehicle for heads of agencies to meet. Dunn states that having the heads of agencies meet on a quarterly basis as a board of advisors for the ESD's Youth Service Teams ensures that the agencies maintain an interest and investment in the teams. This also reinforces the collaborative effort for staff.

Move through developmental stages. Dunn believes that, in voluntary collaboration, you need to go through a three-tiered approach, with the first level being communication. Relationship building is developmental, he stresses. Just getting to know each other and establishing trust are important (Liontos).

The next stage is cooperation: start doing some activities or programs together. According to Kirst (1991), a simple difference between cooperation and collaboration is that in cooperative projects agencies maintain administrative and program autonomy, whereas in collaboration, agencies join together to make improvements that are no single agency's responsibility.

Collaboration offers not only greater access to services, but the opportunity to fundamentally alter the quality of those services.

Whether cooperative or collaborative, Liontos found that the impact of joint ventures between schools and social service agencies not only increased accessibility to services for children and families, but facilitated interagency communication and relationships.

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Upgrading School Support Programs through Collaboration: Resource Coordinating Teams

Policymakers have called for increased coordination and integration of services and programs. This article presents the concept of a school-based resource coordinating team as a mechanism for enhancing collaboration among school support services and programs. The discussion outlines the use of social workers as organization facilitators in developing and maintaining such teams; also highlighted are some of the challenges encountered in the process.

Key words: change agents; organizational change; program collaboration; service coordination

Given the difficulty of collaborating effectively, it is not surprising that many school support services, programs, and projects are developed in isolation of each other and with no formal linkages to off-site resources. The problem is further exacerbated by the long-standing history of school personnel working alone—teachers in their respective classrooms, support service workers in different sites on different days. One inevitable result is piecemeal interventions rather than development of an integrated programmatic approach. Critics see this fragmentation as reducing effectiveness and failing to maximize use of limited and often shrinking resources. In reaction to this state of affairs, there are widespread calls for coordination and integration (Adelman, 1993; Adelman & Taylor, 1993a, 1993b; Buettens & Kern, 1991; Center for the Future of Children Staff, 1992; Dryfoos, 1993; Hodgkinson, 1989; Kagan, Rivera, & Parker, 1990; Kirst, 1991).

Proposals for coordination and integration are easy to make. The hard work begins with the decision to develop a strategy. This article describes the concept of a school-based resource coordinating team as a mechanism for collaboration and the concept of an organization facilitator as a mechanism for institutionalizing such teams. The article details some of the challenges the authors have encountered in establishing teams and how we are dealing with them. The article concludes with a brief note of caution about premature outcome accountability.

Mechanisms for Improving Collaboration

The work reported in this article is being carried out in the Los Angeles Unified School District as part of a demonstration project funded by the U.S. Department of Education. Initially, the project provided a special intervention program at 24 schools for students not making a successful adjustment to school (Adelman & Taylor, 1991). The intent was to integrate the program into each school in ways that meshed with other related support

CCC Code: 0162-7961/95 $3.00© 1995. National Association of Social Workers, Inc.

services, programs, and special projects. Surprisingly, there was no institutionalized structure at the schools for doing this. That is, there was no collaborative mechanism in place for coordination and integration of resources. To address this problem, the project was broadened to encompass the development and institutionalization of a school-based collaborative team to facilitate resource coordination, integration, maintenance, and development, which we call a "resource coordinating team." (Participating schools often adopt their own names; at one school, the group is called the "Help! Team.") To introduce this structural mechanism at school sites, the project has created organization facilitators. These individuals are conceived as catalysts and developers of systemic change. To carry out these functions for the project, school social workers were recruited and provided with specialized training for their new role.

A resource coordinating team exemplifies the type of on-site organizational mechanism needed for coordination of school support programs.

Resource Coordinating Team

A resource coordinating team exemplifies the type of on-site organizational mechanism needed for overall cohesion and coordination of school support programs for students and families. Minimally, such a team can reduce fragmentation and enhance cost-effectiveness by helping programs to function in a coordinated and increasingly integrated way. For example, the team can develop communication mechanisms among school staff and can develop methods of communicating to homes information about available assistance and referral processes; the team can coordinate resources and monitor programs to ensure that they are functioning effectively and efficiently. More generally, this group can provide leadership in guiding school personnel and clients in evolving the school's vision for its support program (for example, as not only preventing and correcting learning, behavior, emotional, and health problems but also contributing to classroom efforts to foster academic, social, emotional, and physical functioning). The group also can help identify ways to improve existing resources and acquire additional ones. Major examples of the group's activity are

- identifying and preparing a list of available resources (programs, personnel, special projects, services, agencies) at the school, in the district, and in the community
- clarifying how school staff and families can gain access to resources
- refining and clarifying referral, triage, and case management processes to ensure that resources are used appropriately ("appropriately" meaning where they are needed most, in keeping with the principle of adopting the least intervention needed, with provision for referral follow-through)
- mediating problems related to resource allocation and scheduling
- ensuring maintenance of needed resources
- exploring ways to improve and augment existing resources to ensure that a wider range are available (for example, encouraging preventive approaches, developing linkages with other district and community programs, and facilitating relevant staff development).

Team membership typically includes representatives of all activities designed to support a school's teaching efforts (for example, school psychologist, nurse, counselor, social worker, key special education staff), along with someone representing the governing body (for example, an assistant principal). Also included are representatives of community agencies already connected with the school; others are invited to join the team as they become involved.

The team meets as needed. Initially, this may mean once a week. Later, when meetings are scheduled for every two to three weeks, continuity and momentum can be maintained through interim tasks performed by individuals or subgroups. Because some participants are at a school on a part-time basis, one of the problems that must be addressed is that of rescheduling personnel so that there is an overlapping time for meeting together. Of course, the reality is that not all team members will be able to attend every meeting, but a good approximation can be made at each meeting, and steps can be taken to keep others informed about what was done.

For many support service personnel, their past experiences of working in isolation—and in competition—make this collaborative opportunity unusual; collaboration requires that they learn new ways of relating and functioning. For those concerned with school restructuring, establishment of such a team can be seen as one facet of restructuring school support services in ways that integrate them with school-based or school-linked support programs, special projects, and teams and that involve reaching out and linking with community health and social service resources (Adelman, 1993).

Organization Facilitator

As the concept of a resource coordinating team indicates, some degree of organizational shift is required to improve collaboration among school personnel, between school and community professionals, and between professionals and families. Organizational research indicates that there usually is resistance to institutional changes and that even when demonstration programs are implemented, they tend not to be maintained over the long run (Argyris, 1993; Braiger & Holloway, 1978; Brookover, 1981; Connor & Lake, 1988; Fullan, Miles, & Taylor, 1980; Sarason, 1982). Therefore, it is essential to develop mechanisms and procedures that maximize the likelihood that new ideas and programs are not only tried but also maintained. Based on the organizational literature, creation of an appropriate climate for change requires at least the following conditions:

- appropriate incentives for change (for example, intrinsically valued outcomes, expectations of success, recognitions, rewards)
- procedural options so that those who are expected to implement change can select one they see as workable
- establishment of mechanisms to facilitate the efforts of those who have responsibility for installing change (for example, participatory decision making, special training, resources, procedures designed to improve organizational health)
- agents of change who are perceived as pragmatic rather than idealistic
- planned transition or phasing in of changes (for example, facilitating readiness)
- appropriate feedback regarding progress of change activity
- ongoing support mechanisms to maintain changes as long as they remain appropriate.

Building on what is known about organizational change, the authors are evolving a model for use in addressing the establishment, ongoing development, and long-term maintenance of school-based programs (Adelman & Taylor, 1993b). Because the work involves facilitating significant changes in the structure and operation of a school, the model is built around the idea of a small cadre of change agents called "organization facilitators." Although many school professionals (especially those involved in support services) can be trained for this role, the project used school social workers because the nature of their training makes them especially well suited to learning the functions of this change agent role of consultation and collaboration with school personnel to promote a school environment responsive to the needs of children.

At each school participating in the project, the authors offered to help organize a resource coordinating team. An organization facilitator was to go to a school site the equivalent of one day a week for several months to help organize such a team. Given the number of schools with which we were working, two full-time professionals were employed. Each was trained to understand major concepts and strategies for organizational change with specific emphasis on the matters outlined above.

An organization facilitator accomplishes his or her work through on-site demonstrations and on-the-job training for school personnel who are to adapt, implement, and maintain a resource coordinating team. The work is pursued in three sequential steps, each involving a variety of tasks and taking different periods of time to accomplish. In practice, the time varies with the organization facilitator's degree of skill and the commitment and skill of key staff members at a school site. Each step is designed to create the conditions necessary to establish a resource coordinating team as an institutionalized mechanism for enhancing service and program collaboration at a school site.

Development of a Team

The first step involves a set of readiness and initial implementation tasks related to initiating the on-site process such as reaching out to establish a working relationship with key staff members and underscoring incentives for change and procedural options. The second step encompasses developing and institutionalizing on-site operational mechanisms to maintain and evolve desired activity such as addressing policy, resource, and training considerations in a pragmatic way. The third set of tasks includes ongoing monitoring and support to ensure the continuing functional integrity and evolution (that is, the institutionalization) of the activity. The key steps and related tasks as they are intended to be applied to resource coordinating teams are outlined briefly in the following sections and are elaborated in a guidebook developed by the project as a program, training, and supervisory aid (Early Assistance for Students and Families, 1993). Enumerating the steps is infinitely easier than carrying them out.

Initiating the Process. The organization facilitator begins the process by making a presentation of the program to the decision makers at a school and arriving at an agreement with respect to establishing and maintaining the team. A policy commitment is made, members of the school community are identified as prospective team members, and a commitment is made that the school will maintain and evolve the team after the organization facilitator moves on to another school. In making agreements, it is essential that each participating school understands that the organizer's primary role is to help establish mechanisms that will allow the school to maintain and evolve the team.

After agreements are made, the organization facilitator makes individual appointments to talk with those who have been nominated for the team. The focus of the dialogue is to determine individual interest in participating and to identify who wants to play a major role. After these dialogues, a meeting of the group is held. The agenda for the initial meeting is one of clarifying roles and functions, mutual sharing, and planning. Key agenda items are identifying other possible team members to be contacted, identifying existing services and programs at the school (including identifying any problems related to their use, coordination, and integration), and discussing how to proceed (for example, how to adapt the concept of a resource coordinating team to fit the school and how to introduce the team to school staff, parents, and students). Toward the end of the meeting, the group schedules a follow-up time to work on specific implementation plans. Initially, the organizer's role is to delineate the group's agenda, facilitate the meeting, and prepare the minutes. The goal is to have the team take over its own facilitation after a few sessions.

As noted earlier, subsequent sessions are devoted to clarifying for the school staff and students' families the existing resources at the school and in the community and how to gain access to these resources (for example, referral, triage, and follow-through procedures). At the same time, the group focuses on enhancing resource coordination and staff collaboration (for example, refining case management and system management procedures) and clarifies resources that are needed and the possible steps for acquiring them (for example, additional resources that may be available through the school district or through brokering to establish formal linkages with community agencies).

Shortly after the first meeting, a presentation at a school staff meeting or at subgroup meetings is in order so that all are aware of the program. Also, if feasible, a presentation should be made at a general parents' meeting so that they are aware and have a chance to volunteer to help. Afterwards, school staff and parents should receive periodic updates (for example, through announcements, reports, newsletter).

Developing Mechanisms for Maintenance. Once the team is implemented, its maintenance and continuing development require institutionalized processes. The organizer's role is to help develop a growing appreciation of the team, help the school staff understand the importance of mechanisms that maintain and evolve the team, and then aid in institutionalizing essential maintenance mechanisms.

Once the team is implemented, its maintenance and continuing development require institutionalized processes.

Providing Ongoing Support. After mechanisms are created, they must be monitored and supported to ensure that functional integrity is maintained and that the program evolves appropriately. The key task of the organization facilitator is to return to a school periodically (for example, as requested or on a regular schedule) to support the efforts of school-based staff to maintain and evolve the team's role and functions.

On the basis of available evidence, the authors anticipate that an organization facilitator with good training, support, and supervision will need up to eight hours per week for several months in carrying out the first two sets of tasks and up to an additional eight hours a month for the third set. Thus, one full-time professional should be able to cover about five schools at a time and rotate through 10 schools a year in two cycles of about four to five months each. Of course, as more and more monitoring and follow-up support are needed, some adjustment in numbers will be required.

Challenges in Establishing and Maintaining Collaboration Teams

It is relatively easy to conceive structural and operational mechanisms such as a resource coordinating team to enhance program collaboration at a school site, and the concept of an organization facilitator is a rather straightforward approach to the problem of establishing such mechanisms. Unfortunately, turning these concepts into effective practice is not an easy matter (for example, see Argyris, 1993; Sarason, 1982).

At each stage, problems can be anticipated that are more than a bit frustrating. Every change agent, of course, must be prepared to deal with barriers to change and the dynamics of change, but the problems are often disheartening. For example, on a mundane level, he or she may encounter constant scheduling and priority conflicts ("I would like to cooperate, but I can't make the meeting." "I already have so much to do, I don't have time for another meeting."). School staff often function reactively rather than proactively because competing demands and priorities make it difficult to stop doing long enough to plan ways to do things better. Problems also arise with respect to *territoriality* ("That's my job!"). Staff can raise concerns during discussions of the forms of coordination needed, ideas for integrating programs, and who is qualified to provide designated services. Particularly vociferous reactions may arise when discussing collaborations with community agencies who offer or are contracted to provide services at schools.

In dealing with the various problems as they have emerged in relation to creating resource coordinating teams, the key challenges have been to overcome participants' feelings of distrust and to enhance their motivation and skills for collaboration (including their sense of empowerment with respect to really feeling they own the team). Our experience supports the widely held view that trust among collaborative team members grows only after they learn to validate each other's contributions. Motivation and skills seem to develop best when the process is structured in a way that facilitates communication and provides support and direction. Thus, the authors have found it essential for groups to establish a clear agenda, have regular contacts, designate a leader, make a record of plans and assignments for follow-up by individuals or subgroups, and frequently review their accomplishments to reassure themselves that the team is worth the time and energy. Reviewing progress is especially important because it validates a team's efforts; in this respect, special recognition should be accorded each product the group generates (for example, a flow chart of the referral process, a list of resources at the school and in the community, a handbook on how to organize and coordinate resources).

Those who work in large school districts may imagine that collaboration is easier in smaller towns with fewer staff who have to get to know each other. It is likely, however, in all settings that those who are asked to collaborate must come to feel they have a lot to gain by working together and that their efforts will be effective.

Premature Outcome Accountability

Sometimes a project staff member will bemoan, "If only I were a bricklayer, I'd see progress at the end of each day." In many ways, collaborative work can be perceived as akin to bricklaying. Developing a resource coordinating team at a school is like building the foundation for a house. The team is part of an enhanced infrastructure on which a remodeled set of programs can be erected. Properly designed, the new edifice ultimately should be a better framework for overcoming barriers interfering with student learning and functioning. Those who are involved in building new infrastructures and restructuring existing approaches must learn to appreciate their contribution to structure and function because they cannot expect to see improved student outcomes until the new structure is completed and operating appropriately.

Similarly, in calling for increased collaboration, policymakers must recognize the complexity of accomplishing effective program coordination and integration. Although the desire for immediate evidence of efficacy is understandable (especially in light of the unfulfilled promise of so many programs and the insatiable demands on limited public finances), naive accountability demands can be counterproductive to serious reform efforts. The major organizational changes required cannot simply be mandated, and early progress in accomplishing the desired changes cannot be assessed through data on immediate student or family outcomes. Accountability in the early stages of such activity must be measured in terms of the success of the institutional changes per se. For instance, during the first stages of our work, we use evaluation in a formative way; that is, we only gather data that can inform our organizational change efforts. When implementing the first step, for example, the focus is on how well we are able to elicit policy agreements for establishing resource coordinating teams and whether we are able to enhance the motivation and skills of team members so that they actually collaborate.

After the teams are properly developed, we will gather data on the degree to which the efficacy of support services and programs is enhanced. In coming years, we will also investigate whether the teams are maintained and whether collaborative cooperation leads to integration of programs in cases where integration is appropriate.

Conclusion

Increased coordination and integration of services can only happen on a large scale through the establishment and maintenance of structural and operational mechanisms designed to enhance collaboration. The concept of a resource coordinating team illustrates one such mechanism being tested at school sites. Development of such mechanisms requires a process for facilitating systemic change. The concept of an organization facilitator illustrates how professionals (for example, school social workers) can function as catalysts and developers of systemic change.

The difficulties in creating structures that enhance integrative collaboration in organizations such as schools are well documented. It is clear that the desired changes will be accomplished only after clarifying what mechanisms are needed, learning how to construct them, and demonstrating their efficacy. This all requires a lengthy timeline and avoidance of premature demands for proof of cost-effectiveness.

At the risk of belaboring the metaphor, change agents and those who call for change must value the bricks and mortar and each step in the construction process. If they do not appreciate the signs of progress, they may abort the process in search of quick, prefabricated edifices that have no lasting value. It is a fantasy to think that effective collaboration can be accomplished without investing the time and resources to develop, maintain, and evolve potent mechanisms. ■

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Accepted June 30, 1994

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School-Linked Services and Beyond

Initiatives to restructure community health and human services have fostered a *school-linked services* movement and contributed to the burgeoning of school-based and linked health clinics. This activity plays a major role in stimulating school-community collaboration and is a potential catalyst for system change related to school-owned programs and services designed to address barriers to learning.

This article highlights contributions of school-linked services and suggests it is time to think about more comprehensive models for promoting healthy development and to enhance barriers. Before proceeding, however, we need to clarify a bit of terminology. Prevailing use of the terms school-*based* and school-*linked* tends to encompass two separate dimensions: (1) where programs/services are *located* and (2) who *owns* them. As the term denotes, school-*based* indicates activity carried out on a campus; school-*linked* refers to off-campus activity with formal connections to a school site.

In either case, programs/services may be owned by schools or a community based organization or in some cases are co-owned. In addition, the term school-linked tends to be associated with the notion of coordinated services and school-community collaborations.

School-Community Collaborations

For several converging reasons (including a desire to enhance resources), various forms of school-community collaboration are being tested around the country. This represents a renewal of the 1960s human service integration movement. For instance, increasing numbers of projects are illustrating "one-stop shopping" -- *a Family Service or Resource Center* established at or near a school with an array of medical, mental health, and social services (Center for the Future of Children Staff, 1992; Dryfoos, 1994, 1995; Holtzman, 1992; Kagan, Rivera, & Parker, 1990; Kirst, 1991; Melaville & Blank, 1991). Such pioneering demonstrations show the possibility of developing strong relationships between schools and public and private community agencies.

By outstationing staff at schools, community agencies allow easier access for students and families -- especially in areas with underserved and hard to reach populations. Such efforts not only provide services, they seem to encourage schools to open their doors in ways that enhance family involvement. Families using school-based centers are described as becoming interested in contributing to school and community by providing social support networks for new students and families, teaching each other coping skills, participating in school governance, helping create a psychological sense of community, and so forth.

State of the Art

Michael Knapp (1995) notes that contemporary literature on school-linked services is heavy on advocacy and prescription and light on findings. As a descriptive aid, the accompanying table outlines some key dimensions of school-community collaborative arrangements.

Joy Dryfoos (1995) encompasses the trend to develop school-based primary health clinics, youth service programs, community schools, and other similar activity under the rubric of *full service schools* (adopting the term from Florida legislation). Her review stresses:

> Much of the rhetoric in support of the full service schools concept has been presented in the language of *systems change*, calling for radical reform of the way educational, health, and welfare agencies provide services. Consensus has formed around the goals of one-stop, seamless service provision, whether in a school- or community-based agency, along with empowerment of the target population. ... most of the programs have moved services from one place to another; for example, a medical unit from a hospital or health department relocates into a school through a contractual agreement, or staff of a community mental health center is reassigned to a school ... But few of the school systems or the agencies have changed their governance. The outside agency is not involved in school restructuring or school policy, nor is the school system involved in the governance of the provider agency. The result is not yet a new organizational entity, but the school is an improved institution and on the path to becoming a different kind of institution that is significantly responsive to the needs of the community.

A primary interest of the school-linked services movement is to establish ways to enhance access to services, reduce redundancy, improve case management, coordinate resources, and increase efficacy. Obviously, these are desirable goals. In pursuing these ends, however, the tendency is to think in terms of integrating community services and putting some on school sites. This emphasis downplays the need to (1) restructure programs and services owned and operated by schools and (2) weave and redeploy school and community resources.

By focusing mainly on bringing community services to schools, the school-linked services movement tends to ignore the tremendous resources already in schools. Moreover, it produces tension between school-based staff and their counterparts in community-based organizations. (When "outside" professionals are brought in, school district *pupil services personnel* often view it as discounting their skills and threatening their jobs.) The trend also leads policy makers to the mistaken impression that linking community resources to schools can effectively meet the needs of schools in addressing barriers to learning. This colludes with the misguided tendency of some legislators to think school-linked services will free-up the dollars underwriting school-owned services. Analyses of resources available in economically impoverished locales show how scant services are-- even when one adds together community and school assets (Koyanagi & Gaines, 1993). The picture is bleaker when one recognizes the many impediments to linking community services to schools (inflexible policies maintaining an overemphasis on narrow categorical funding, scarcity of designated local leaders, the dearth of interprofessional development programs).

Each day brings additional reports from projects such as New Jersey's School-Based Youth Services Program, the Healthy Start Initiative in California, the Beacons Schools in New York, Cities-in-Schools, and the New Futures Initiative. Not surprisingly, findings primarily reflect how hard it is to institutionalize such collaborations.

Nature and Scope of School-Community Collaborative Arrangements

Focus

1. Improvement of program and service provision
   - for enhancing case management
   - for enhancing use of resources
2. Major systemic reform
   - to enhance coordination
   - for organizational restructuring
   - for transforming system structure and function

Scope of collaboration

1. Number of programs and services involved
2. Horizontal collaboration
   - within a school/agency
   - among schools/agencies
3. Vertical collaboration
   - within a catchment area (e.g., school and community agency, complex of schools, two or more agencies)
   - among different levels of jurisdiction (e.g., community, city, county, state, federal)

Ownership of programs and services

1. Owned by school
2. Owned by community
3. Shared ownership

Location of programs and services

1. School-linked
2. School-based

Degree of cohesiveness among multiple interventions serving the same student/family

1. Unconnected
2. Communicating
3. Cooperating
4. Coordinated
5. Integrated

The New Futures Initiative represents one of the most ambitious efforts. Thus, reports from the on-site evaluators are particularly instructive. White and Wehlage (1995) detail the project's limited success and caution that its deficiencies arose from defining collaboration mainly in institutional terms and failing to involve community members in problem solving. This produced "a top-down strategy that was too disabled to see the day-by-day effects of policy." They conclude:

> Collaboration should not be seen primarily as a problem of getting professionals and human service agencies to work together more efficiently and effectively. This goal, though laudable, does not respond to the core problems .... Instead, the major issue is how to get whole communities, the *haves* and the *have-nots*, to engage in the difficult task of community development" (pp. 36-37).

Keeping the difficulties in mind, a reasonable inference from available data is that school-community collaborations can be successful and cost effective over the long-run. Analyses suggest better outcomes are associated with empowering children and families and having the capability to address diverse constituencies and contexts. However. addressing a full range of barriers requires going beyond a focus on *services.*

Beyond School-Linked Services and Full Service Schools

School-community collaboratives, school-linked services, school-based clinics, family service centers -- all hold great promise; they also are fraught with problems. They can enhance availability and access; they can also lead to policies jeopardizing the fragile resource base for essential services and programs. Unfortunately, too many policy makers are preoccupied simply with linking community health and social services to schools. In the process, they ignore the need to restructure the invaluable programs, services, and infrastructure school's already own and operate.

By themselves, use of health and human services are an insufficient strategy for dealing with the biggest problems confronting schools. They are not, for example, designed to address a full range of factors that cause poor academic performance, dropouts, gang violence, teenage pregnancy, substance abuse, racial conflict, and so forth. Moreover, the efficacy of any service may be undermined if it is not well-integrated with other services and with key *programs* at the school. As noted, in linking services to schools, the tendency is to link them to sites without attending to integrating them with a school's education support programs and the work of classroom teachers. These are not criticisms of the services per se. The point is that the services are only one facet of any effort to develop a comprehensive approach.

The need is for school-community collaborations that can complement and enhance each other and evolve into comprehensive, integrated approaches. Such approaches do more than improve access to health and human services. They address a wide array of the most prevalent barriers to learning -- the ones that parents and teachers know are the major culprits interfering with the progress of the majority of students.

It is ironic that, despite their skills as problem solvers, so many professionals work on the margins, rather than dealing with the biggest pieces of the problem.

Clearly, moving toward a comprehensive, integrated approach for addressing barriers to learning and enhancing healthy development involves *fundamental* systemic reform.. Central to such reform are policies and strategies that counter fragmentation of programs and services by integrating the efforts of school, home, and community. Required are

- policy shifts that establish a truly comprehensive, integrated approach as primary and essential to reform efforts
- systemic changes designed to create an appropriate infrastructure upon which to build such an approach
- designing and implementing change processes that can get us from here to there.

All this, of course, has immediate implications for altering priorities related to the daily work life of professionals who provide health and human services and other programs designed to address barriers to learning in schools and communities.

Policy Shifts

Despite the argument that schools should not be expected to operate nonacademic programs, it is commonplace to find educators citing the need for health and social services as ways to enable students to learn and perform. Also, increasing numbers of schools are reaching out to expand services that can support and enrich the educational process. Thus, there is little doubt that educators are aware of the value of health (mental and physical) and psychosocial interventions. In spite of this, efforts to create a comprehensive approach still are not assigned a high priority.

The problem is that the primary and essential nature of relevant programs and services has not been effectively thrust before policy makers and education reformers. Some demonstrations are attracting attention. However, they do not convey the message that interventions addressing barriers to teaching and learning are *essential* to successful school reform. The next step in moving toward a comprehensive approach is to bring the following point home to policy makers at all levels.

> *For school reform to produce desired student outcomes, school and community reformers must expand their vision beyond restructuring instructional and management functions and recognize that there is a third primary and essential set of functions involved in enabling teaching and learning.*

The essential third facet of school and community restructuring has been designated the Enabling Component (Adelman, in press, 1995b; Adelman & Taylor, 1994). Such a component stresses integration of enabling programs and services with instructional and management components (see the figure on page 8). Emergence of a cohesive enabling component requires (1) weaving together what is available at a school, (2) expanding what exists by integrating school and community resources, and (3) enhancing access to community programs and services by linking as many as feasible to programs at the school.

Operationalizing an enabling component requires formulating a framework of basic program areas and creating a cohesive infrastructure for enabling activity. Based on analyses of what schools and communities already are doing, enabling activity can be clustered into six program areas. These encompass interventions to (1) enhance classroom-based efforts to enable learning, (2) provide prescribed student and family assistance, (3) respond to and prevent crises, (4) support transitions, (5) increase home involvement in schooling, and (6) outreach to develop greater community involvement and support (including recruitment of volunteers).

An essential infrastructure includes mechanisms for restructuring resources in ways that enhance each program area's efficacy. It also includes mechanisms for coordinating among enabling activity, for enhancing resources by developing direct linkages between school and community programs, for moving toward increased integration of school and community resources, and for integrating the instructional, enabling, and management components.

> ***The concept of an Enabling Component provides a unifying focus around which to formulate new policy.***

Adoption of an inclusive unifying concept is seen as pivotal in convincing policy makers to move to a position that recognizes enabling activity as essential if schools are to attain their goals. Evidence of the value of rallying around a broad unifying concept is seen in the fact that the state legislature in California was recently moved to consider the type of policy shift outlined here as part of a major urban education bill (AB 784).

After policy makers recognize the essential nature of a component for addressing barriers to learning, it should be easier to weave all such activity together (including special and compensatory education) and elevate the status of programs to enhance healthy development. It also should be less difficult to gain acceptance of the need for fundamental policy shifts to reshape programs of pre- and in-service education.

Building an Infrastructure

A policy shift is necessary but insufficient. For significant systemic change to occur, policy commitments must be demonstrated through allocation/redeployment of resources (e.g., finances, personnel, time, space, equipment) that can adequately operationalize the policy. In particular, there must be sufficient resources to develop an effective structural foundation for system change. Existing infrastructure mechanisms must be modified in ways that guarantee new policy directions are translated into appropriate daily practices. Well-designed infrastructure mechanisms ensure there is local ownership, a critical mass of committed stakeholders, processes that can overcome barriers to stakeholders working together effectively, and strategies that can mobilize and maintain proactive effort so that changes are implemented and renewed over time.

To institutionalize a comprehensive, integrated approach, mechanism redesign will be necessary with respect to at least five fundamental infrastructure concerns, namely, (1) governance, (2) planning and implementation associated with specific organizational and program objectives, (3) coordination/integration for cohesion, (4) daily leadership, and (5) communication and information management. In reforming mechanisms, new collaborative arrangements must be established, and authority (power) must be redistributed -- all of which is easy to say and extremely hard to accomplish. Reform obviously requires providing adequate support (time, space, materials, equipment) -- not just initially but over time -- to those who operate the mechanisms. And, there must be appropriate incentives and safeguards for those undertaking the tasks.

In terms of task focus, infrastructure changes must attend to (a) interweaving resources related to the enabling, instructional, and management facets of school and community, (b) reframing inservice programs -- including an emphasis on cross-training, and (c) establishing appropriate forms of quality improvement, accountability, and self-renewal. Clearly, all this requires greater involvement of professionals providing health and human service and other programs addressing barriers to learning . And this means involvement in every facet and especially the governance structure at the district level and at each school.

What's a Professional to Do?

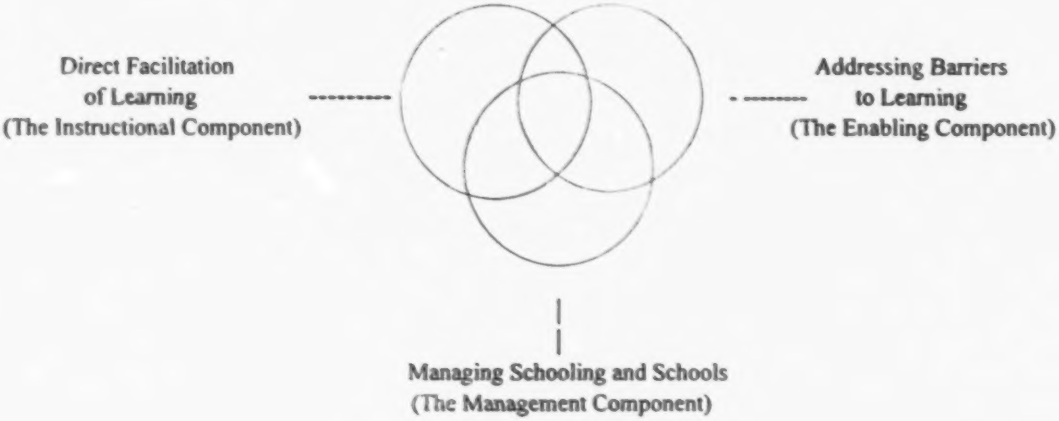
In the last newsletter, we outlined three sets of functions health and human service personnel can perform for a school district: (1) direct service and instruction, (2) coordination, development, and leadership related to programs, services, resources, and systems, and (3) enhancing connections with community resources. Unfortunately, the need for direct services is so great and the number of available professionals so limited that most of the time goes to individual cases, and even then, only a small proportion of the many students, families, and school staff who could benefit from the services can be provided help. This lamentable state of affairs raises the topic of restructuring how such professionals spend their time.

There is adequate evidence to make the case that increased dividends might accrue if personnel devoted a greater proportion of their talents and time to creating a comprehensive, integrated approach for addressing barriers to learning and enhancing healthy development. (Such an approach should not be confused with participating on a multi-disciplinary team that discusses cases or coordinates resources.)

Developing such an approach, however, requires shifting priorities and redeploying time for program coordination, development, and leadership.

Clearly, staff providing health and human services can contribute a great deal to the creation of a comprehensive, integrated approach. Equally evident is the fact that they cannot do so as long as they are completely consumed by their daily caseloads. Their's must be a multifaceted role -- providing services as well as vision and leadership that transforms how schools address barriers to learning and enhance healthy development.

Three Components to be Addressed in Reforming Education


Direct Facilitation
of Learning
(The Instructional Component)
Addressing Barriers
to Learning
(The Enabling Component)
Managing Schooling and Schools
(The Management Component)

Concluding Comments

As indicated by the Carnegie Council Task Force on Education of Young Adolescents (1989):

> ***School systems are not responsible for meeting every need of their students. But when the need directly affects learning, the school must meet the challenge.***

To meet this challenge, the search for better practices continues as a high priority. Allowing this fact, it also can be stressed that existing work provides more than a sufficient basis for generating a range of essential interventions. In doing so, however, steps must be taken to counter the piecemeal and fragmented approach that characterizes most school and community efforts.

As emphasized throughout this discussion, effectively meeting the challenges of addressing persistent barriers to learning and enhancing healthy development requires melding resources of home, school, and community to create a comprehensive, integrated approach. Getting there from here involves a policy shift that places the development of such an approach on a par with current reforms related to instruction and school management.

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Featured article from *Addressing Barriers to Learning* (Vol. 1, No. 2, Spring, 1996) -- a newsletter published by the School Mental Health Project/Center for Mental Health in Schools, Department of Psychology, UCLA.

We hope you found this to be a useful resource.
There's more where this came from!

This packet has been specially prepared by our Clearinghouse. Other Introductory Packets and materials are available. Resources in the Clearinghouse are organized around the following categories.

CLEARINGHOUSE CATEGORIES

Systemic Concerns

- Policy issues related to mental health in schools
- Mechanisms and procedures for program/service coordination
  - Collaborative Teams
  - School-community service linkages
  - Cross disciplinary training and interprofessional education
- Comprehensive, integrated programmatic approaches (as contrasted with fragmented, categorical, specialist oriented services)
- Issues related to working in rural, urban, and suburban areas
- Restructuring school support service
  - Systemic change strategies
  - Involving stakeholders in decisions
  - Staffing patterns
  - Financing
  - Evaluation, Quality Assurance
  - Legal Issues
- Professional standards
- Other System Topics ________________ ________________

Programs and Process Concerns:

- Clustering activities into a cohesive, programmatic approach
  - Support for transitions
  - Mental health education to enhance healthy development & prevent problems
  - Parent/home involvement
  - Enhancing classrooms to reduce referrals (including prereferral interventions)
  - Use of volunteers/trainees
  - Outreach to community
  - Crisis response
  - Crisis and violence prevention (including safe schools)
- Staff capacity building & support
  - Cultural competence
  - Minimizing burnout
- Interventions for student and family assistance
  - Screening/Assessment
  - Enhancing triage & ref. processes
  - Least Intervention Needed
  - Short-term student counseling
  - Family counseling and support
  - Case monitoring/management
  - Confidentiality
  - Record keeping and reporting
  - School-based Clinics
- Other Program and Process Concerns________________ ________________

Psychosocial Problems

- Drug/alcoh. abuse
- Depression/suicide
- Grief
- Dropout prevention
- Learning Problems
- School Adjustment (including newcomer acculturation)
- Pregnancy prevention/support
- Eating problems (anorexia, bulim.)
- Physical/Sexual Abuse
- Neglect
- Gangs
- Self-esteem
- Relationship problems
- Anxiety
- Disabilities
- Gender and sexuality
- Reactions to chronic illness
- Other Psychosocial Problems:________________ ________________